IS-112  Preeclampsia Turning into Nephritis Associated with Pregnancy by Postpartum Renal Biopsy

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Objective: Preeclampsia-eclampsia is a major cause of perinatal mortality. The most effective management on preeclampsia-eclampsia cases is prevention through identifying clinical and laboratory predictors associated with perinatal mortality. This study is to examine the cut off thrombocytic count as laboratory and clinical prognostic factors associated with perinatal mortality. Method: Cross-sectional study has been done on the preeclampsia-eclampsia cases who anticipating and delivering their babies at The Sardjito Hospital, in the period of January 1, 1988 - December 31, 1996. They fulfilled inclusion criteria (gestational age>28 weeks, singleton babies) and exclusion criteria (diabetes mellitus, heart diseases, renal failure, and major congenital anomalies). The cut off thrombocytoic count is determined by using Receiver Operator Characteristic Curve (ROC) and Z-Score. Results: There were 520 cases of preeclampsia-eclampsia who consisted of 202 mild preeclampsia cases, 225 severe cases and 63 eclampsia cases. The perinatal mortality occurred in 83 cases. The cut off thrombocytic count related to perinatal mortality is 15,000/mmCu and the Z-Score is <0.5. Thrombocytic cases have worse prognoses in perinatal mortality compare with those of normal thrombocytic count. It is increasing the risk of perinatal mortality with ORa = 58.256 (95%CI = 29.08 - 116.706). The other prognostic factors increasing perinatal mortality are systolic blood pressure>160 mmHg (ORa = 6.97; 95% CI = 4.12 - 11.78), diastolic blood pressure>110 mmHg (ORa = 9.77; 95% CI = 1.82 - 164.1), gestational age<36 weeks (ORa = 2.27; 95% CI = 1.69 - 5.14), low birth weight (ORa = 4.12; 95% CI = 4.14 - 12.29) and antenatal care<4 times (ORa = 4.18; 95% CI = 1.9 - 8.6). Conclusion: The cut off thrombocytoic count increasing the perinatal mortality is 15,000/mmCu. The other prognostic factors significantly increasing perinatal mortality are systolic blood pressure>160 mmHg, diastolic blood pressure>110 mmHg, gestational age<36 weeks, low birth weight, and antenatal care<4 times. Keywords: preeclampsia-eclampsia, perinatal mortality, thrombocytopenia, prognostic factor

IS-113  The Cut Off Thrombocytic Count and Its Prognostic Perinatal Mortality in Preeclampsia-eclampsia

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Objective: Preeclampsia-eclampsia is a major cause of perinatal mortality. The most effective management on preeclampsia-eclampsia cases is prevention through identifying clinical and laboratory predictors associated with perinatal mortality. This study is to examine the cut off thrombocytic count as laboratory and clinical prognostic factors associated with perinatal mortality. Method: Cross-sectional study has been done on the preeclampsia-eclampsia cases who anticipating and delivering their babies at The Sardjito Hospital, in the period of January 1, 1988 - December 31, 1996. They fulfilled inclusion criteria (gestational age>28 weeks, singleton babies) and exclusion criteria (diabetes mellitus, heart diseases, renal failure, and major congenital anomalies). The cut off thrombocytoic count is determined by using Receiver Operator Characteristic Curve (ROC) and Z-Score. Results: There were 520 cases of preeclampsia-eclampsia who consisted of 202 mild preeclampsia cases, 225 severe cases and 63 eclampsia cases. The perinatal mortality occurred in 83 cases. The cut off thrombocytic count related to perinatal mortality is 15,000/mmCu and the Z-Score is <0.5. Thrombocytic cases have worse prognoses in perinatal mortality compare with those of normal thrombocytic count. It is increasing the risk of perinatal mortality with ORa = 58.256 (95%CI = 29.08 - 116.706). The other prognostic factors increasing perinatal mortality are systolic blood pressure>160 mmHg (ORa = 6.97; 95% CI = 4.12 - 11.78), diastolic blood pressure>110 mmHg (ORa = 9.77; 95% CI = 1.82 - 164.1), gestational age<36 weeks (ORa = 2.27; 95% CI = 1.69 - 5.14), low birth weight (ORa = 4.12; 95% CI = 4.14 - 12.29) and antenatal care<4 times (ORa = 4.18; 95% CI = 1.9 - 8.6). Conclusion: The cut off thrombocytoic count increasing the perinatal mortality is 15,000/mmCu. The other prognostic factors significantly increasing perinatal mortality are systolic blood pressure>160 mmHg, diastolic blood pressure>110 mmHg, gestational age<36 weeks, low birth weight, and antenatal care<4 times. Keywords: preeclampsia-eclampsia, perinatal mortality, thrombocytopenia, prognostic factor

IS-114  Midtrimester β-hCG Levels Incorporated into a Multi-factorial Predictive Test for Severe Preeclampsia

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Objective: To investigate the clinical utility of midtrimester maternal serum β-hCG(MShCG)levels with selected clinical determining factors as a multi-factorial predictive test for preeclampsia. Methods: Thirty-nine cases with mild preeclampsia and 56 with severe preeclampsia were recruited as the study groups. 957 normotensive women were enrolled as controls. Potential determining risk factors for severe preeclampsia were selected using a multiple logistic regression to build various combined prediction models. A receiver-operator characteristic curve and the area under the curve (AUC) were employed to assess the performance of each prediction test for preeclampsia. Results: Midtrimester MShCG levels significantly correlated with severity of preeclampsia. Combined prediction model composed of MShCG levels, body mass index (BMI) , parity, and age as a predictive test for severe preeclampsia was superior to MShCG levels alone (AUC 0.765 vs. 0.648). The integrated multi-factorial test could early identify women at risk for developing severe preeclampsia, with a sensitivity of 70%and a specificity of 71%. Conclusion: Combining midtrimester MShCG levels with BMI, parity, and age can be a potentially effective and convenient screening test for severe preeclampsia.