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508 Monitoring of macrophage-colony stimulating factor (M-CSF) and granulo cytecolony stimulating factor (G-CSF) level of anmioic fluid. <u>A. Ito, M. Saito,</u> Y. Katsumoto, <u>T. Nakagawa, K. Motoyoshi</u>*, Dep. Obst. and Cynec., Habikino Prefectural Hosp., Osaka, * 3rd Dep. Internal Medicine, National Dehense Medical College, Saitama.

We monitored macrophage-colony stimulating factor (M-CSF) and granulocyte-colony stimulating factor (G-CSF) level of amnioic fluid, cord blood serum and neonatal urine. M-CSF level of amnioic fluid was very high $(17.3\pm8.5 \text{ ng/ml})$ and M-CSF level of cord blood serum $(12.75\pm2.73 \text{ ng/ml})$ was higher than M-CSF level of adult periferal blood serum $(5.70\pm0.74 \text{ ng/ml})$. We could measured high M-CSF level of neonatal urine on the day of birth, and M-CSF level was still elevated on 6 days after birth. This result suspects that new born infants produce large amount of M-CSF, G-CSF level of amnioic fluid was 1.85 ± 1.73 ng/ml, while G-CSF level of cord blood serum, adult periferal blood serum, neonatal urine could not be detected. By the immuno-histo-chemical method M-CSF and G-CSF were detected at the epithelium of fetal menbrane. Our conclusion is M-CSF and G-CSF are found in amnioic fluid. Fetal menbrane produces both M-CSF and G-CSF and it's also suspected new born infants produce a lot of M-CSF.

509 Effect of macrophage-colony stimulating factor (M-CSF) on trophoblast cells. M. Saito, A. Ito, Y. Katsumoto, T. Nakagawa, K. Motoyoshi*, Dep. Obst. and Gynec., Habikino Prefectural Hosp., Osaka, *3rd Dep. Internal Medicine, National Defense Medical College, Saitama.

To study the effect of macrophage-colony stimulating factor (M-CSF) on human trophoblast cells, we cultured trophoblast cells of early pregnancy with M-CSF, anti-M-CSF Ab and anti-fms Ab (anti-M-CSF receptor antibody). M-CSF increased the HCG production of trophoblast cells, and anti-fms Ab decreased the HCG production. Trophoblast cells under the condition of adding 20 ng/ml M-CSF aggregated each other and became larger than trophoblast cells without exogenous M-CSF. The human trophoblast cell line, tPA30-1, could not be alive when they were incubated with anti-fms Ab. Anti-M-CSF Ab decreased the number of tPA30-1, but the number of tPA30-1 recovered with a large amount of M-CSF.

Our results show that M-CSF increases HCG production of trophoblast cells and M-CSF is essential for trophoblast cells survival.

510 The ultrastructural study of the transport of human prolactin across fetal term membrane. <u>S.Satoh, T.Tamada</u>, Dept.Obst.and Gynec., Jichi Med. Sch., Tochigi.

The human amniotic fluid contains a considerably higher concentration of PRL. And it is widely accepted that decidual cells are the origin of amniotic fluid PRL, and decidual cell PRL moves into amniotic fluid across the fetal membranes. But, transport of PRL by decidua-chorion or fetal membrane remains to be elucidated. Our morphological study attempts to demonstrate by the help of electromicroscopy the transport of PRL across fetal membrane which obtained at normal spontaneous term vaginal delivery.

With use of immunohistochemical procedures, namely PAP complex method, immunized anti-PRL revealed PRL reactivity around the globules of the decidua-chorion cells.

These results lead us to conclude that PRL contained within the decidua-chorion cells crosses the chorion cells to the amniotic cells side and diffuse readily into amniotic fluid.