

96 Management of Neonatal Herpes--In vitro assay(1). Y.Wada, M.Ogura*, J.Fujimaru, T.Okada, A.Kawada, K.Hirabayashi**, S.Yoshida*, Dept.Obst.and Gynec.,Tokyo Metropolitan Toshima General Hosp.,Tokyo,*Dept.Obst.and Gynec., Tokyo Women's Med.Coll.Daini Hosp.,Tokyo,**Dept.Obst.andGynec.,National Fukuyama Hosp.,Hiroshima.

(Purpose)When a woman in labor with genital herpes to give a vaginal delivery, she always has a risk of neonatal herpes. This reports the effect of antiviral agents for the management of herpes through in vitro assay. (Method)(1)On treatment effect:Vero cells were challenged by 1,2-herpes virus (HSV-1,2). Having washed by PBS(-), Acyclovir(ACV) of 0.1 μ M and/or Interferon- β (INF) 100U were added in the medium. Morphologic observation was performed. The infection inhibition rate(IIR) was obtained by measuring crystal violet staining. (2)On prevention effect:Cells were treated by INF prior to viral contact. Following process was same as(1). (Results)The cytopathic effect(CPE) appeared in 24 hours in the control, but with INF, it was 48 hours or later. ACV inhibited CPE in the treatment. Concomitant use of the drugs to HSV-1.2 increased IIR to 82%, 68% respectively. (Conclusion)Concomitant use of INF and ACV is effective for treatment and prevention of vaginally delivered neonatal herpes. This conclusion is suggestive of indication for recurrent herpes, patients in low immunologic condition

97 Hepatitis C virus infection in gynecology.-Epidemiology and infection route.- K.Shimizu,N.Inaba,H.Takamizawa, Dept.Obst.and Gynec.,Chiba Univ.Sch.Med.,Chiba.

Sera obtained from 996 women and 730 men were examined for antibody to hepatitis C virus(HCV) by using an enzyme-linked immunosorbent assay(ELISA).Circulating antibodies(anti c100-3 Ab, anti N-14 Ab) can be detected in about 4,7%.Co-existence of the anti c100-3 Ab and anti N-14 Ab was obtained in 1,5% of the patients.Seventy-three sera obtained from patients were examined for the presence of HCV genome by using the reverse transcription-polymerase chain reaction(RT-PCR) assay corresponding to the 5'-non coding region.Co-existence of the antibodies and the HCV genome sequence was obtained in 12,3%.We also tested 49 samples from families in which the antibody was detected in one patient. The results suggest the possibility of intrafamilial transmission of HCV.In conclusion,the positive rate of HCV was suggested to be 0,5-3,2%.There are still many problems regarding the decision of HCV carrier,so that we should improve the sensitivity and specificity of examinations including PCR.In addition,we are thinking of further examination for intrafamilial transmission of HCV.

98 Mother to child transmission of HTLV-I detected by PCR and p40^{tax} antibody. T.Maehama, M.Nakayama, M.Nagamine*, Y.Nakajima*, H.Takei*, H.Nakachi**, Dept. Obst. and Gynec. and Biochemistry*, Sch. of Med. Univ. of the Ryukyus, Dept. Obst. and Gynec., Nanbu Hosp**, Okinawa.

It has been widely accepted that breast feeding is an important factor in mother to child transmission of HTLV-I. However, the events involved in the virus transmission is not completely understood. We measured the titer of HTLV-I antibodies and detected p40^{tax} antibodies in carrier mothers. We surveyed further relative HTLV-I copy number. Correlation between seroconversion rate in children and mode and duration of breast feeding by carriers was also examined. Seroprevalence of HTLV-I in children born to carrier mothers was 7.1% in a breast feeding group, 6.1% in a group fed with frozen breast milk and none in a bottle fed group. The difference in seroconversion rate between the breast feeding group and others was statistically insignificant. Our studies also indicated that neither the titer of HTLV-I antibodies in carriers nor duration of breast feeding was relevant to seroconversion in the children. Higher infectivity was observed in carrier mothers having p40^{tax} antibodies. But HTLV-I copy number in carrier mothers was most relevant to seroconversion in the children.