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CLINICAL EXPERIENCE WITH THE USE OF AMBROXOL FOR THE PREVENTION OF INFANT RESPIRATORY DISTRESS SYNDROME

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OBJECTIVE: This study aims to evaluate the efficacy and safety of Ambroxol for the prenatal prophylaxis of Infant Respiratory Distress Syndrome (IRDS). METHODS: This is a prospective study with two groups of women, 31 formed the Ambroxol or treatment group following a certain criteria and 38 formed the control group in whom no induction of fetal lung maturation was used. Main measures were: maternal vital signs and fetal biophysical profile prior to delivery and then, clinical and radiological evidence of IRDS, fetal Apgar scores at 1,5 and 10 minutes of life after delivery. RESULTS: Tolerable side effects were noted with administration of Ambroxol eg. nasal congestion. Profile of newborns delivered were similar in both groups. Incidence of IRDS was significantly less in the treatment group ($p < 0.01$). CONCLUSION: Antenatal administration of Ambroxol decreased IRDS and therefore prinatal morbidity and mortality in a statistically significant number. The safety of this drug and its efficacy because its mode of action is different from that of glucocorticoids suggest that it might be used to prevent IRDS.

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AN ASSOCIATION BETWEEN LOW UNCONJUGATED ESTRIOL IN THE MID-TRIMESTER AND ADVERSE PREGNANCY OUTCOME

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Objectives ; The purpose of this study was to investigate the relationship between a low unconjugated estriol(uE3) levels in the second trimester and adverse perinatal outcome in pregnancies without increased risk for Down syndrome and neural tube defect. **Methods** ; 1,211 women underwent the mid-trimester AFP-hCG-uE3 screening program at Yonsei Medical Center between January 1995 and June 1998. All women in this study were of 15-21 weeks' gestation and were less than 35 years of age at the time of screening. Multiple pregnancies, maternal diabetes, smoking and elevation of AFP levels more than 2.5 MoM were excluded from our study population. The results were divided into two groups: uE3 levels at or below 0.75 MoM(low-uE3 group, n=130), and above 0.75 MoM(normal uE3 group, n=1,081). The adverse outcomes include preterm delivery, fetal growth restriction, large for gestation, Apgar score less than 7 at 5 minutes, preeclampsia, fetal anomalies and perinatal death. The risk for adverse pregnancy outcome was compared for the two groups and the roles of low uE3 as predictors of adverse pregnancy outcome was determined. The data were assessed using χ^2 or Fisher exact test for matched data and extension of Mantel-Haenszel methods for the ordered responses. **Results** ; Overall, adverse pregnancy outcome occurred in 30 of 130(23.1%) in low-uE3 group, compared with 205 of 1081(19.0%) in normal uE3 group. In low-uE3 group, the incidence of fetal growth restriction was statistically significant higher compared with the normal uE3 group(p=0.001). But there was no statistically significant difference between two groups for the other outcome variables. **Conclusions** ; Low uE3 levels in the second-trimester may alert the clinician to institute a preventive care plan that might include careful gestational dating and serial clinical and sonographic assessment of fetal growth and welfare.