POSTER SESSION

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141 Comparison between serum levels and immunohistochemical examination of CA125 and CA19-9 in endometriosis. <u>K.Nakamura,H.Sou,T.Hachisuga</u>, <u>H.Sugimori</u>, Dept.Obst.and Gynec.,Saga Med.Sch.,Saga.

The positive rate of serum CA125 and CA19-9 in patients with endometriosis was compared with immunohistochemical data using anti-CA125 and anti-CA19-9 antibodies. The positive rate of serum CA125 was 50% in endometriosis interna and 71% in endometriosis externa. The former is lower than those of other reports. The latter closely similar. The positive rate of serum CA19-9 was higher in endometriosis externa than interna. The immunohistochemical positive rate of CA125 was 89% in endometriosis interna and 25% in endometriosis externa than interna. The positive of CA19-9 was higher in endometriosis externa than interna. The positive rate of serum CA125 and CA19-9 was higher with advanced stages, but such a correlation was not found in immunohistochemical data. These results suggested that CA19-9 was a useful marker of the endometriosis externa and that many other factors were contributed to the process of production of CA125, not only endometrial gland.

142 Serial changes of serum CA125 levels during menstrual cycles with normal luteal phase, luteal insufficiency, and anovulation. <u>H.Nonogaki, Y.Nanbu, F.Kobayashi, I.Konishi, N.Sagawa, S.Fujii, T.Mori</u>, Dept. Gynecol. and Obstet., Faculty of Med., Kyoto Univ., Kyoto.

Serial changes of serum CA125 levels during menstrual cycles were examined in 29 healthy women (19-21 years of age) charting BBT and measuring serum estradiol and progesterone levels. Analysis of BBT charts and serum progesterone levels revealed that the 29 menstrual cycles could be classified as cycles with either a normal luteal phase (9 cycles), luteal insufficiency (17 cycles), or anovulation (3 cycles). All 29 cycles exhibited basal CA125 levels of less than 35 U/ml throughout the cycle except for the menstrual period. At menstruation, 7 of 9 cycles with a normal luteal phase showed a marked, transient elevation of CA125 levels from previous basal levels(a mean net increase). Twelve of 17 cycles with luteal insufficiency showed only a slight elevation and anovulatory cycles showed no apparent increase during the menstruation. The mean net increase of CA125 levels during the menstruation in the cycles with a normal luteal phase was significantly higher than that of the cycles with luteal insufficiency and anovulation. These results imply that a transient elevation of serum CA125 levels at the period of menstruation occurs only in cycles with a luteal phase. Moreover, the degree of level elevation is closely related to the prior luteal function of the cycle which affects the decidualization of the endometrial stromal cells.

143 Immunohistochemical and morphological observations of macrophages in the human ovary. <u>H.katabuchi,Y.Fukumatsu,E.Ida,K.Matsuura,H.Okamura</u>, Dept. Obste.and Gynec.,Kumamoto Univ.Med.Sch.,Kumamoto.

Macrophages(MØ) in the human ovaries were examined with immunohistochemistry by using two monoclonal antibodies; HLe-1 and FMC 32, and a polyclonal antibody against hCG as well as transmission electron microscopy.

With the maturation of follicles, leukocytes appeared around them. MØ had a smaller cell population than leukocytes and were encountered in the stroma and near the perifollicular capillaries. These MØ had well-developed intracellular organelles and many lysosomes in their cytoplasm. With the atresia of follicles, MØ were mainly observed in the follicles. During the luteinization, both leukocytes and MØ were observed on the inside and the outside of corpus luteum (CL) and their total number increased further in comparison to the folliculogenesis. Some of these MØ, which existed near the capillaries of the stroma and lined up around the CL, showed positive staining for hCG. At the maturation stage of CL, those MØ contained many electron-dense lysosomal and phagocytotic granules in their cytoplasm. Many lipid droplets and cholesterol crystals were also found at their regressing stage. These results suggest that ovarian MØ may participate in each respective stage of folliculogenesis and luteinization.