## S—47 Histochemical demonstration of human leukocyte antigen - G ( HLA - G ) on extravillous trophoblasts in preeclampsia

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[ Objective ] Human leukocyte antigen - G ( HLA - G ) is suggested to be at play in materno - fetal immune relationship during pregnancy. In the light of current concept that disruption of materno - fetal immune relationship could account for several pregnant complications including preeclampsia, we asked whether the expression of HLA - G protein on the trophoblasts is altered in preeclampsia.
[ Method ] The presence of HLA - G protein on the extravillous trophoblasts in placenta obtained from 5 preeclamptic patients and 7 uncomplicated pregnant women with informed consents were examined, employing an immunohisto - chemical technique.
[ Result ] All the extravillous trophoblasts, which were stained for cytokeratin, were stained for HLA - G protein in every uncomplicated women. In contrast, cluster of extravillous trophoblasts were insulary devoid of the staining of HLA - G in all the preeclamptic patients.
[ Conclusion ] The attenuated expression of HLA - G protein on the extravillous trophoblasts could be at play in the pathophysiology of preeclampsia.

## S—48 Termination of Pregnancy in Cases of Severe Pre-Eclampsia and Eclampsia: Comparing Two New Modalities

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An easy, non expensive, safe and rapid method of termination of pregnancy is the utmost dream of any obstetrician facing a case of severe pre-eclampsia or eclampsia. In this study we compared two new methods in a trial to achieve this goal. Misoprostol (Cytotec)$^R$ which is a cheap and stable prostaglandin $E_1$ analogue was administered to 87 pregnant females suffering from severe preeclampsia or eclampsia (group I) 50 μg misoprostol was administered in the posterior fornix to be repeated in cases of negative response after 4 hours for a maximum of four doses. Prostaglandin $A_1$ intravenous infusion in a dose of 0.5 μg/kg/minute was administered to 38 pregnant females suffering from severe pre-eclampsia and eclampsia till labour or to a maximum duration of 24 hours (group II). $PGA_1$ infusion was preceded by the vaginal administration of $PGE_2$ (4 mg) suspended in 3 ml of tylose gel six hours prior to the administration of $PGA_1$ infusion. Blood pressure was controlled in group I by hydralazine infusion. The cases were randomly assigned to each group. Successful outcome (normal vaginal delivery) was achieved in 69 cases (79.31%) in group I, while it was achieved in only 22 cases (57.89%) in group II. The mean induction establishment interval was significantly shorter in group I (2.069 ± 1.483) than in group II (6.118 ± 1.312) ($t=15.24$, $P<0.001$). Also the mean induction delivery interval was significantly lower for cases of group I (7.057 ± 1.082) than for cases in group II (13.684 ± 2.516) ($t=15.62$, $P<0.001$). Tachysystole was observed in 22 cases (25.28%) in group I and in only 2 (5.26%) in group II ($P<0.05$). Also meconium passage was more in group I (10 cases = 11.49%) than in group II (3 cases = 7.89%) ($P>0.05$). Although abnormal fetal heart rate patterns were observed more frequently in group I cases (10 cases = 11.49%) than in group II cases (4 cases = 10.52%) ($P>0.157$). There was no significant statistical difference between both groups concerning one and five minutes Apgar score. It was concluded that misoprostol may offer a new rapid, effective and inexpensive method of termination of pregnancy in cases of severe pre-eclampsia and eclampsia, however, maternal and fetal monitoring is essential during misoprostol induction.