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The first Saudi experience in the treatment of antisperm antibodies in infertile couples

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One hundred and eighty couples with positive antisperm antibodies titers in semen and genital secretions were given treatment with Prednisone. Of 68 couples who received Prednisone only, 41.1% conceived. Of 28 who had no therapy, 50% conceived. 40 patients treated with Prednisone received additional therapies and 35% conceived. 8 of 44 patients not treated with Prednisone but receiving other therapies conceived (18%). Cytotoxic antibodies were reduced in 32 to 44% of serum samples and in 23% to 35% of genital secretion samples. In those couples with decreased cytotoxic antibodies pregnancy rates were 42% to 63%. Compared with 0% to 23% in those with decreased haemoagglutinating antibodies titers.

Our study suggest that Prednisone did not improve overall pregnancy rates; pregnancy rates were comparable in both groups treated with other therapies. Reduction of cytotoxic antibody titers after Prednisone treatment was associated with increased pregnancy rates.

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Immunological Study on Intra-peritoneal Lymphocyte Subpopulation in Patient with Endometriosis.

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[Objective] Recently, local immunity related with interleukin 6 (IL-6) might affect the modulation and progression of endometriosis (EM). We investigated the relationship between IL-6 levels and subset profiles of T lymphocyte (T-cell) in the peritoneal fluid (PF) with or without EM using two and three color flowcytometry (FCM). [Methods] (1) PFs were obtained from the patients who underwent laparoscopic surgery with the informed consent. (2) Lymphocytes in PFs were labeled by monoclonal antibodies specific for CD3 (mature T-cell), CD4, CD8, CD11b (integrin α M-subunit), CD14 (macrophage), CD69 (activated lymphocyte), and IL-6. (3) To isolate IL-6 producing lymphocytes in PFs, lymphocytes treated with PMA and A23187 in vitro were selected with CD69+/CD3+ subset (activating mature T-cells), and cytoplasmic IL-6 deposits in the cells were subsequently detected with FCM. (4) Chemotactic effects of IL-6 on peripheral blood lymphocytes were examined in vitro using Blind Well Chamber as the model of lymphocyte-infiltration from peripheral blood vessels to intra-peritoneal cavity. [Results] (1) IL-6 levels in PF of the patients with EM were significantly higher than those without EM. (2) Subset patterns of CD11b+/CD8- lymphocytes in PFs with EM were quite different from those without EM. (3) Population of IL-6 producing cells in CD3+/CD69+ lymphocyte with EM was 2.5%, whereas it was mostly negative in those without EM. (4) The patterns of CD11b+/CD8- lymphocytes treated with or without IL-6 in-vitro resembled closely those in PFs of the patients with or without EM. [Conclusion] These results indicate that 2.5% of activated mature T-cell in PF with EM produce IL-6, and these IL-6 may play an important role in the specific changes in the intra-peritoneal immunoresponse such as CD11b+/CD8- lymphocyte in EM patients.

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Salvage antibiotic treatment for the threatened abortion in women with previous spontaneous abortion

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OBJECTIVE: Clinical evidences, though controversial, have shown that infection might affect intrauterine pregnancy and cause abortion. We used antibiotics to treat the co-existent infection with threatened abortion and observed the influence on the pregnancy. STUDY DESIGN: 23 women with previous spontaneous abortion had lower abdominal pain and vaginal bleeding in first trimester. Except one who aborted artificially for blighted ovum on first visiting, 22 patients had received antibiotic treatments. RESULTS: 14 patients were found with vaginosis while 8 patients showed no vaginosis in the 22 patients who received antibiotic treatment. The vaginal bleeding and lower abdominal pain subsided gradually after antibiotic treatment. 7 patients with vaginosis and 2 patients without vaginosis recurred with lower abdominal pain in first trimester. Fisher exact test showed no difference for lower abdominal pain recurrence between the patients with or without vaginosis after treatment. CONCLUSIONS: Co-existent infection with a pregnancy may by itself or impose on other factors to cause an abortion. Thus an antibiotic treatment for the infection is helpful to prevent abortion.