


ISP-10-1 Studies on the decrease of coagulation factor XII (CFXII) in patients with recurrent miscarriages (RM) (or other adverse pregnancy)

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[Objective] To evaluate the significance of the decrease of CFXII in patients with RM, and to analyze autoimmune status in patients revealing decrease of CFXII. [Methods] The CFXII activity was evaluated in 539 patients with RM under informed consent. Of 539 cases, 353 were primary RM, 127 were secondary RM, and 59 had other adverse pregnancy. Autoantibodies, such as anti-cardiolipin Ab, anti-CL beta2GPI Ab, anti-nuclear Ab and rheumatoid factor, were analyzed in these patients. As the treatment, we adopted Sairei-to, which is known to possess corticosteroid hormone like effect, and low dose aspirin for the patients who had revealed decreased CFXII under informed consent. [Results] Of 539 patients, the titer of CFXII was less than 50% (decreased CFXII) in 22 patients (4.1%). Of these 22 patients, 17 were positive for autoantibodies (77.3%), which was significantly higher compared with positive rate in 517 patients revealing normal CFXII activity (50.7%, $p = 0.012$, by corrected Fishers test). As to the treatment, so far, 12 patients experienced next pregnancy (one patient experienced two pregnancies), and the pregnancy continued almost uneventfully in 12 cases (the success rate; 92.3%). [Conclusion] There is possibility that the decrease of CFXII might be involved in the genesis of RM or adverse pregnancy, and the autoimmune abnormality might generate the decrease of CFXII.

ISP-10-2 Virilizing ovarian steroid cell tumor, not otherwise specified, in a 22-year-old woman : A case report and evaluation of the steroidogenic pathway

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We report a case of a 22-year-old woman with secondary amenorrhea and hirsutism caused by an ovarian steroid cell tumor, not otherwise specified (NOS), and evaluate immunohistochemical expressions of steroid synthetic enzymes. Physical examination revealed obesity (BMI, 36), normotension, and obvious facial and trunk hair. Total and free serum testosterone, and dehydroepiandrosterone sulfate levels were 1.3 (0.15-0.44) ng/ml, 4.5 (<2.7) pg/ml, and 287 (73-322) μ g/dl, respectively. Levels of serum ACTH, gonadotropins, cortisol, aldosterone, and ovarian steroids were within the normal range. Although polycystic ovaries were not observed, a hyperechogenic solid tumor (3 cm) was detected by transvaginal ultrasonography. Laparoscopic cystectomy of the tumor was performed. The total and free testosterone levels decreased one month after surgery and menstruation resumed two months after. The pathological diagnosis was ovarian steroid cell tumor, NOS. Expression levels of 3 β -HSD, c17, 5 α reductase type 1/2, 17 β -HSD5, and 17 β -HSD1 were high, whereas those of the side chain cleavage enzyme, aromatase, and steroid sulfatase were undetected. There was no expression of adrenal steroidogenic enzymes, c21, dehydroepiandrosterone sulfotransferase, and CYP11B1/2. These results suggest an ovarian-derived hyperandrogenism with normal ovarian steroidogenesis.

ISP-10-3 Studies on the outcome of pregnancies which had continued after immunotherapy with husband's lymphocytes for patients with unexplained recurrent abortion (URA)

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[Objective] To investigate the outcome of pregnancies which had continued after immunotherapy with husband's lymphocytes (ImmunoTx) for patients with URA. [Methods] The ImmunoTx had undergone under informed consent, and the pregnancy had continued in 129 cases after ImmunoTx. The gestational weeks of delivery (GW), the body weight (BW) of infants, as well as major complications, were analyzed in these patients. As control, the pregnancy outcome was analyzed in 243 cases with no complication. [Results] Of 125 cases with singleton pregnancy (4 cases; twin), the pregnancy had terminated before 37 WG in 12 cases (28WG; 1 case, and 32-36WG; 11 cases). And the pregnancy had terminated at term in 113 (90.4%), which was not significantly different compared with that in control (209/243, 86.0%, by Chi-square test). The average WG of delivery in study population and control was 38W4D \pm 2W0D and 38W4D \pm 2W3D, respectively (n.s. by non-paired t-test). The average BW of infants born to the patients in the study population and control was 2968 \pm 529g and 2904 \pm 583g, respectively (n.s. by non-paired t-test). There was also no significant difference concerning the major complications between two groups. [Conclusion] The outcome of pregnancies, especially the condition of infants who were born to patients after the ImmunoTx, was not significantly different compared with normal population.