

FCP38**PLASMA HOMOCYSTEINE LEVELS IN WOMEN WITH PRE-TERM BIRTH HISTORY**

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Background: In the previous studies, homocysteine levels were found to be high in such pregnancy complications as pre-eclampsia and placental abruption. However, homocysteine levels were not investigated in cases with recurrent pre-term birth history. This study aims at investigating plasma homocysteine levels in women with previous pre-term birth history.

Material - Method: Thirty non-pregnant women who had similar sociodemographical characteristics were divided into sub-groups according to the number of pre-term birth they previously had (G1, n=10, no pre-term birth, G2; n=12, one pre-term birth; G3, n=8, two pre-term 1 births). Plasma homocysteine levels were identified in all cases.

Results: Plasma homocysteine levels were found to be significantly higher in Group 3 cases when compared to cases in Groups 1 and 2 ($p < 0.05$, Mann Whitney U test).

Conclusion: We suggested that in women with history pre-term birth levels of homocysteine should be considered. Homocysteine levels may use as a beneficial marker to estimate risk of pre-term birth.

FCP39**IL-1 ALPHA, IL- 1 BETA, IL-6 AND IL-8 IN VAGINAL FLUID OF PREGNANT WOMEN WITH MYCOPLASMA HOMINIS AND UREAPLASMA UREALYTICUM INFECTION**

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Aim: The purpose of this study was to determine the concentrations of the following cytokines: interleukin-1alpha (IL-1alpha), interleukin 1-beta (IL-1beta), interleukin 6 (IL-6), and interleukin 8 (IL-8) in vaginal fluid of pregnant women in relation to infection of genital mycoplasmas.

Material -Methods: Samples of vaginal fluid were collected from 40 pregnant women. The cytokines concentrations (pg/mL) were measured by standard enzyme-linked immunosorbent assay technique (ELISA).

Results: Among 15 women genital mycoplasmas infections was diagnosed. Vaginal levels of interleukin-1alpha, interleukin-1beta, and interleukin- 6 were found to be significant elevated in women with mycoplasmas infection (127,11 pg/ml; 56,14 pg/ml; 22,08 pg/ml) as compared with patients without infection (76,16 pg/mL; 32,87 pg/mL; 15,13 pg/mL).

Conclusions: These findings suggest that measurement of cervicovaginal concentrations of selected cytokines may constitute a clinically useful marker of genital mycoplasmas infection. Relation between cytokines levels and risk of perinatal complications should be evaluated in further studies.

FCP40**LEVELS OF NEOPTERIN, PROCALCYTONINE AND CRP LEVELS IN MATERNAL SERUM IN ABORTUS CASES**

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Objective: To compare Neopterin, Procalcitonine and CRP levels in maternal serum in abortus imminens and missed abortus cases both among themselves and with those of healthy pregnant women in a similar week of pregnancy.

Material - Method: Seventy five pregnant women who came to our clinic between the dates of October 1, 2000 and April 1, 2001 and who were diagnosed as abortus imminens (G1, n=25), missed abortus (G2,

n=25) and healthy women (G3, n=25) were included in a randomised block design, cross-sectional prospective study program. Neopterin, Procalcitonine and CRP levels in the maternal serum were examined. Kruskal Wallis variance analysis was made to compare continuous and ordinal data. Mann Whitney U test was conducted for those values $p < 0.05$. And $p < 0.05$ was considered significant.

Results: In the healthy pregnant cases group, both neopterin and procalcitonine levels were high, while CRP level was low ($p < 0.05$, Mann Whitney U test). CRP level was found to be higher in abortus imminens group than in missed abortus group, though insignificantly ($p > 0.05$, Mann Whitney U test).

Conclusion: In the healthy expectant cases group neopterin and procalcitonine were high, while in the abortus cases, the increase was in the CRP level. CRP may be more significant in the identification of abortus cases.

FCP41

EXAMINATION OF TNF- α , IL-6 AND IL-8 LEVELS IN MATERNAL SERUM IN PIH CASES:

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Objective: To compare TNF- α , IL-6 and IL-8 levels in maternal serum in pregnancy induced hypertension (PIH) cases both among themselves and with those of healthy pregnant women in a similar week of pregnancy.

Material - Method: Fifty six expectant women who came to our clinic between October 1, 2000 and December 1, 2001 and who were diagnosed as PIH (G1= mild pre-eclampsia, n=7; G2= severe pre-eclampsia, n=14; G3=eclampsia, n=7) and healthy pregnant women (G4= control of G1, n=7; G5= control of G2, n=14; G6= control of G4, n=7) who were in similar weeks of pregnancy and who comprise the control group were included in a randomised block design, cross-sectional prospective study program. TNF- α , IL-6 and IL-8 levels in maternal serum were investigated. Each PIH group was compared with its own control group (G1-G4, G2-G5, G3-G6) and then, among each other (G1-G2, G1-G3, G2-G3).

Mann Whitney U test was used to compare continuous and ordinal data.

Results: In all PIH groups, TNF- α , IL-6 and IL-8 levels were found to be higher than in their own control groups ($p < 0.05$, Mann Whitney U test). However, the comparison of PIH groups among themselves did not reveal any statistically significant difference ($p > 0.03$, Mann Whitney U test).

Conclusion: TNF- α , IL-6 and IL-8 levels in maternal serum in the pre-eclamptic and eclamptic cases increase in comparison to those in healthy pregnant cases. These levels do not show significant differences among themselves.

FCP42

THE CORRELATION BETWEEN LIPIDS, HORMONS AND PROTEINURIA IN WOMEN WITH ASYMPTOMATIC (ISOLATED) PROTEINURIA IN LATE PREGNANCY

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Objective: The aim of the study was to evaluate the correlation between protein concentration in urine and the serum concentrations of lipids and chosen hormones in women with asymptomatic (isolated) proteinuria in late pregnancy.

Methods: The study covered 45 women with asymptomatic proteinuria. The women were at the mean age of 27.6 \pm 6.17 years and at 37.6 \pm 2.62 weeks of gestational age. Their mean arterial blood pressure was 123.0 \pm 15.4/76.1 \pm 12.0 mmHg, proteinuria – 2.02 \pm 1.95 g/24 hours, body mass index (BMI) before pregnancy – 23.8 \pm 2.79, BMI before labor - 29.9 \pm 3.8. On average, BMI increased 24.5 \pm 9.7%. Three women presented lower extremities edema (6.67%). All women included in the study have had measured renal function biochemical parameters (uric acid, urea, osmolality, creatinine, electrolytes, acid base