

ANTIPHOSPHOLIPID ANTIBODIES IN REPEATED ABORTIONS

A Thesis
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M.Sc. Degree in
Obstetrics and Gynecology

By
Mohamed Mahmoud El Wakil

Supervisors

Prof. Dr. Khaled M. El Hodeby

Professor of Obstetrics and Gynecology
Faculty of Medicine - Ain Shams University

Dr. Sherif M. S. El Ghetany

Ass. Professor of Obstetrics and Gynecology
Faculty of Medicine - Ain Shams University

Dr. Nashwa A. A. El Badawy

Lecturer of Clinical Pathology
Faculty of Medicine - Ain Shams University

Faculty of Medicine
Ain Shams University
1993

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

«قُلْ أَعْمَلُوا فَسَيَرَهُ اللَّهُ
عَمَلَكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ»

صدق الله العظيم



TO

MY

WIFE

Acknowledgement

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List of Abbreviations

ACL	Anticardiolipin
APS	Antiphospholipid Syndrome
APTT	Activated partial thromboplastin time
ELISA	Enzyme linked immunosorbent assay
Ig	Immunoglobulin
LAC	Lupus anticoagulant
LLAC	Lupus like anticoagulant
PGI₂	Prostacyclin
PT	Prothrombin time
PTT	Partial thromboplastin time
SLE	Systemic Lupus erythematosus

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Review of Literature

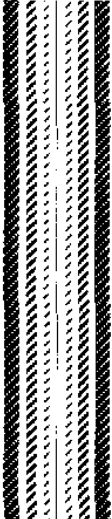
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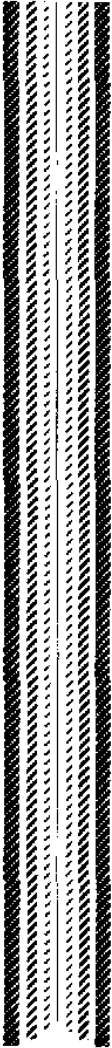
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Introduction and Aim of the Work



Introduction

The fetus possesses antigens that are foreign to the mother, yet it survives the period of gestation without being rejected. Although mechanisms that prevent rejection of the conception are incompletely understood, some evidence suggests that maternal immunologic aberrations may cause repeated abortions (Scott et al, 1987). Recurrent early pregnancy loss has always been a frustrating problem for both the physician and the patient.

The commonly accepted definition for recurrent or habitual abortion is the occurrence of three or more consecutive first-trimester spontaneous abortions (Scott et al, 1987). Primary aborters are sometimes defined as those women who have never had a successful pregnancy, and secondary aborters are those whose repetitive abortions follow a live birth (Scott et al, 1987).

Traditionally, genetic, anatomic, and hormonal causes have been implicated, but the importance of

these conditions is coming under closer scrutiny because previously accepted treatments are empiric, have not been submitted to prospective randomized controlled trials, and are not always successful.

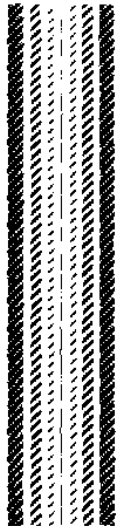
The frequency of spontaneous abortions in all clinically recognized pregnancies is 15-20%, and about half of the abortuses six to 13 weeks after conception (8 to 15 menstrual weeks) are chromosomally abnormal (Simpson, 1980). Current methods of detection find no recognized cause in 40 - 50% of all patients with recurrent abortions (Stray et al, 1984). This group of patients, as well as the growing recognition that other previously unexplained reproductive problems may have immunologic causes, first stimulated interest in a possible immunologic etiology for spontaneous abortion (Scott et al, 1987). This has become a fascinating and controversial area for investigation that is still evolving and has generated a great deal of publicity in both the

scientific literature and lay media. Consequently, it has become difficult for clinicians to:

- 1) decide whether complicated immunologic assays are now indicated for their patients with recurrent abortion,
- 2) Interpret the results of these tests,
- 3) Determine whether proposed immunologic and treatments are worth while.

Aim of the work

The aim of this study is to detect the relation between antiphospholipid antibodies and repeated abortion of unknown aetiology.



Review of Literature

