Interleukin -8 level in maternal serum in relation to C. reactive protein In intra-amniotic infection at term

Thesis

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By

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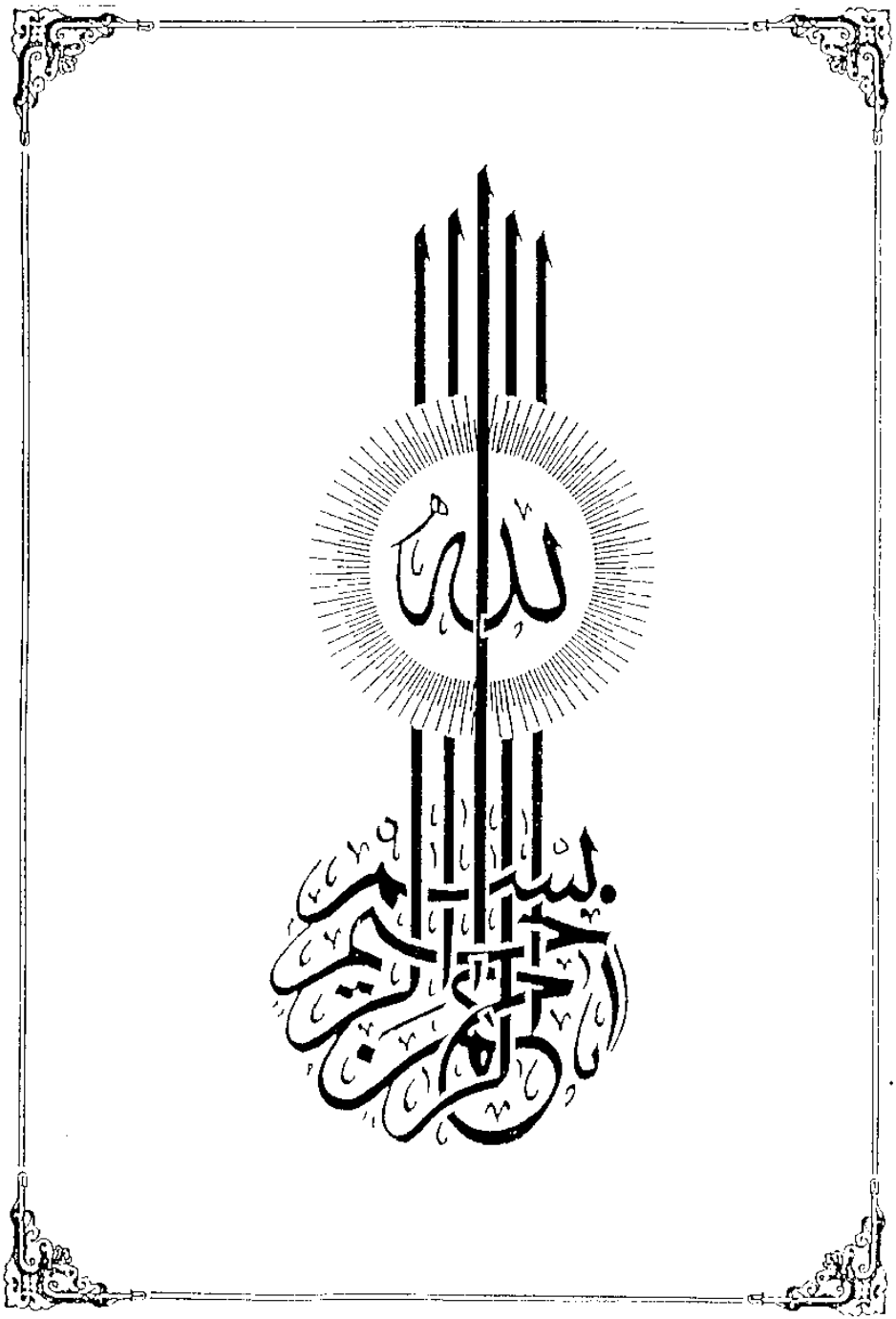

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Contents

List of Abbreviation

αFP : Alpha Feto protein.

A PP : Acute phase proteins.

A.F. : Amniotic Fluid.

AF WBC : Amniotic fluid white blood cells.

AIS : Amniotic infection syndrome.

CAD : Chorioamnonitic dissociation.

CAM : Chorioamnionitis.

CFU : Colony forming unit.

CRP : C- reactive protein.

E Alpha 1PI : Elastase alpha 1 proteinase inhibitor .

ELISA : Enzyme linked immune sorbet assay.

ESR : Erythrocyte Sedimentation rate.

FBM : Fetal breathing movment .

FBP : Fetal biphysical profile .

FHR : Fetal heart rate.

G-CSF : Granulocyte colony stimulating factor.

GBS : Group B Streptococci .

GLC : Gas liquid chromotography.

HPL : Human placental lactogen.

IAI : Intra amniotic infection.

IL : Interleukin .

M. homonis : Mycoplasma homonis .

NST : Non stress test.

PG : Phosphatidyl glycerol.

PGE_2 : Prostaglandin E_2 .

PMNL : Polymorph nuclear leukocyte.

PMNL	: Polymorph nuclear leukocyte.
PPROM	: Preterm premature rupture of membranes.
PPV	: Positive predicitve value .
PRL	: Prolactin .
PROM	: Premature rupture of membranes .
RDS	: Respiratary distress syndrome.
ROM	: Rupture of membranes.
S. aureus	: Streptcoccus aureus .
SROM	: Spontenuos rupture of membranes.
T.Vaginalis	: Trichomans Vaginalis.
TNF	: Tumor necrosis factor.
Vs	: Versus .
W.B.C	: White blood cells.

Introduction

Intraamniotic infection is a serious complication of premature rupture of the membranes and so early detection of intra-amniotic infection is essential. Cinical and laboratory signs of infection such as fever, leucocytosis and elevated C-reactive protein (CRP) are not very accurate and may be delayed by 24 hours to 36 hours after the onset of the infection . We need a test which is capable of identifying intra-amniotic infection soon after it occurs. **(Romero et al 1991).**

Histological chorioamnionitis has been identified in 10-18 % of women with term deliveries . Definitive diagnosis of histological chorioamnionitis is only possible at present by histological analysis of the placenta after delivery **(Miller et al 1990).**

Adequate diagnostic methods to premit the precise diagnosis of histological chorioamnionitis as early and efficiently as possible should be developed to ensure favorable outcome of pregnancy. **(Shimoya et al 1997).**

Some cytokines such as interleukin -1 (IL-1), tumor necrosis factor-α (TNF-α), interleukin - 6 (IL-6) and interleukin-8 (IL-8), have been shown to be useful for the detection and monitoring of various human inflammatory diseases. Similar analyses have been applied to diagnose intraamniotic infection by titering cytokine levels in amniotic fluid **(Romero et al 1991).**

Interleukin-8 (IL-8), a 72-amino acid peptide, is produced by many cells, including macrophages and neutrophils, and cells of the decidua, amnion and chorion. IL-8 has been shown to be increased in amniotic fluid in cases of intra-amniotic infection **(Trautman et al 1992).**

Aim of the Study

This study will be conducted to evaluate :

The inter-relationship between the presence of histological chorioamnonitis and its markers which include maternal serum inter leukin 8 level, and level of c-reactive protein, in relation to the clinical picture of the patients who have premature rupture of membranes at term with Comparable control group.