## <u>ANTICARDIOLIPIN ANTIBODIES IN</u> <u>PREECLAMPSIA</u>

THESIS

SUBMITTEDFOR PARTIAL FULFILLMENT OF MASTER DEGREE OF OBSTETRICS AND GYNECOLOGY

BY

Sahar Ahmed Youssef

*M.B.*,*B.Ch*.

Cairo University, 1991

Resident in El Galaa Teaching hospital

Under Supervision of

Prof. Ali Farid Mohamed Ali

Prof. Obstetrics and Gynecology
Ain Shams University
Faculty of Medicine

Prof. Sherif Mohamed Saleh El-Ghetany

Of Obstetrics and Gynecology
Ain Shams University

Acculty of Medicine

Mohamed Ibrahim Mohamed Amer

ection of the Control of the Control

Ain Shams University Faculty of Medicine

acuity of meateine

1997

With the second

1991/10/01

65051

# Acknowledgment

It is advantageous to work under the supervision of professor Ali Farid Mohamed Ali, Professor of Obstetrics and Gynecology, Faculty of Medicine, Ain Shams University, to whom I wish to express my deep gratitude and thanks for his kind supervision, encourgement and energetic help to insure that this work would reach an updated level.

I would like to express my deep gratitude to professor Sherif Mohamed Saleh El-Ghetany professor of Obstetrics and Gynecology, Faculty of Medicine, Ain Shams University, for his unforgettable valuable guidance and advice althrough this work.

I am highly indebted to Dr. Mohamed Ibrahim Mohamed Amer Lecturer of Obstetrics and Gynecology, Faculty of Medicine, Ain Shams University, for his kind help and continuous advice in following the details of this work. I am also grateful to him for spending many long hours in careful review of my work.

I also express my appreciation to Prof. Mona Mohamed Rafik Professor of clinical pathology Faculty of Medicine, Ain Shams University for her patience and support and for carrying out the tedious laboratory work with great care and interest.

I would also like to thank prof. Mohesen Gad Allah professor of community medicine Faculty of Medicine, Ain Shams University for his help and guidance in the statistical work.

My Great thanks are also to patients who had tolerated my investigations and without their help this work would have not seen the light.

Finally, I must thank my parents, my sister and Dr. Mahmoud my husband who were always supportive and were of great help.

Sahar

### Contents

	Page
Introduction.	1-2
Aim of this work.	3
Review of literature :	
* 'Autoimmunity.	4-9
* The possible mechanism of antiphospho-	
lipid antibodies induced placental	
dysfunction	10-12
* Anticardiolipin Antibodies (ACAs).	12-20
* Effect of ACA in thrombosis and coagulo-	
pathey.	20-23
* Placental bed in preeclampsia.	23-26
* Placental bed changes in ACAs positive	
pregnancy.	26
* Preeclampsia and ACAs.	29-31
* ACAs and Fetal outcome.	32-36
* Fetal outcome in preeclampsia.	37-39
* Intrauterine growth retardation.	40-43
* IUGR in preeclampsia with positive ACAs.	44
* Should ACAs tests be performed in	
healthy pregnant women?	45-48
* Antiphospholipid syndrome.	49-62
* Immunological aspects of preeclampsia.	64-70

* subjects and methods.	71-73
* Results.	74-92
* Discussion.	93-97
* Summary and conclusion	98-101
* References.	102-136
* Arabic Summaru	

のである。 は、日本のでは、日本のできた。 日本のできた。 日本のでを、 日本のでを 日本ので 日本のでを 日本のでを 日本のでを 日本ので 日本のでを 日本のでを 日本のでを 日本ので 日本のでを 日本

#### List of Tables

Page

: The age of both patient and control Table 1 74 groups. Table 2 : The mean and standard deviation of age 74 in both patient and control groups. Table 3 : Comparison between parity in patient and 75 control groups. Table 4 : The mean and standard deviation of 75 parity in both patient and control groups. Table 5 : Comparison between gestational age in 76 patient and control groups. Table 6 : Mode of delivery in patient and control 76 groups. Table 7 : Comparison between patient and control 77 groups as regards to growth pattern. : The individual labortaory data for Table 8 78-79 preeclamptic group. : The individual labortaory data for control 80-81 Table 9 group. Table 10 : comparison between patient and control 82 groups as regards to ACAs value. Table 11 : Comparison between patient and control 82 groups in relation to ACAs IgG type. Table 12 : Comparison between patient and control 83 groups in relation to ACAs IgM type. Table 13 : ACAs positive cases in mild and severe 83 preeclampsia.

Table 14	: Differences in clinical and laboratory inves-	84
	tigations in mild and severe preeclampsia	
Table 15	ACAs Positive IgG and IgM in mild and	85
	severe preeclampsia.	
Table 16	: Growth pattren in both severe and mild preeclampsia.	86
Table 17	: Fetal outcome in ACAs positive and negative cases.	87
Table 18	: ACAs IgG positive cases and fetal outcome	88
	in the patient group.	
Table 19	: ACAs IgM positive cases and fetal outcome	89
	in the patient group.	
Table 20	: APTT value and fetal outcome in the patient group.	90
Table 21	: Abnormal APTT in relation to ACAs positive cases.	91
Table 22	: Abnormal APTT in severe and mild preeclampsia.	92

# INTRODUCTION



## **INTRODUCTION**

Anticardiolipin antibodies (ACAs) are circulating autoantibodies directed against negatively charged phospholipid component of cell membrane. So ACAs are especially important antiphospholipid antibodies (Peaceman et al., 1992). ACAs have been reported in habitual abortions of unknown etiology and unexplained intrauterine fetal deaths (Triplett, 1989).

It has been proposed that the functions of ACAs are to decrease the production of prostacyclin and fibrinolysis, to prevent protein C activation and to enhance platelet aggregation which might cause abnormal coagulation and platelet agglutination (Triplett,1989). By histological examination of the placentas obtained from preeclampsia, infarction and fibrinoid necrosis have been detected (Robertson et al., 1986). These changes seem to be similar to findings concerning placentas taken from ACAs positive pregnancies (De Wolf et al., 1982 and Branch et al., 1990).

ACAs have the ability to bind to villous trophoblasts and might cause placental dysfunction. In preeclampsia, the high incidence of placental dysfunctions and intrauterine growth retardation have been reported (Sibai et al., 1984).

The possible involvement of the immune system in the pathophysiology of at least some hypertensive disorders of pregnancy has attracted increasing attention (Redman, 1980) as abnormal levels of autoantibodies have recently been demonstated with hypertensive disorders of pregnancy (El Roeiy et al., 1991).

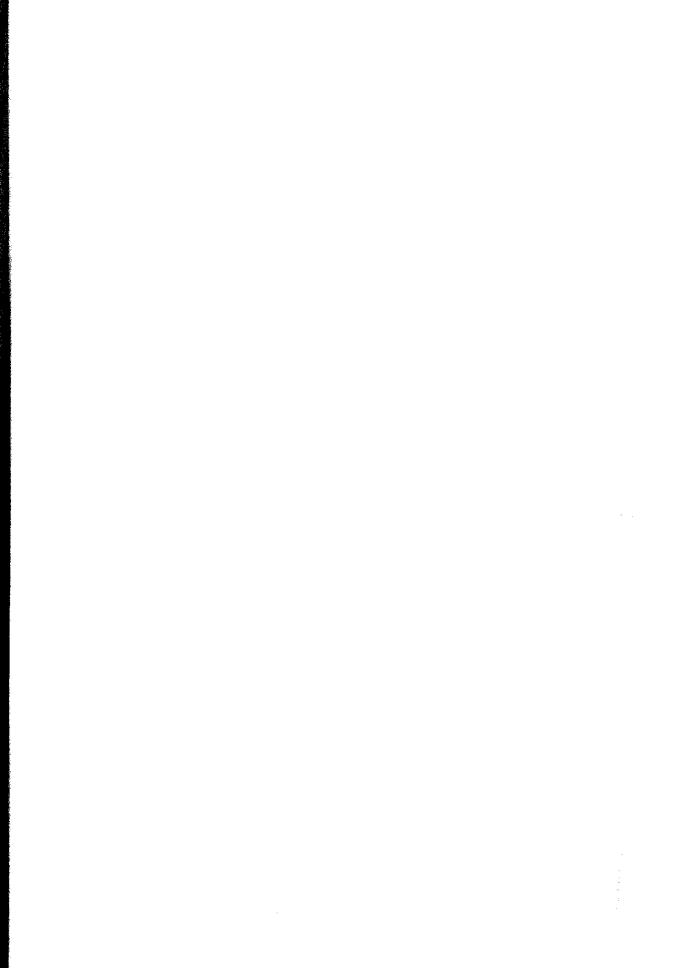
Antiphospholipid antibodies are the most frequently recorded abnormalities in pregnancies complicated by

precelampsia and intrauterine growth retardation (Branch et al., 1989).

Lyden et al., (1992) demonstrated that monoclonal antiphosolipid antibody binds to the human placental trophoblasts using an immunohistological technique. Those antibodies reacted with the syncytiotrophoblastic layer, Cytotrophoblastic cells and subtrophoblastic stromal region.

Using the placenta eluates taken from ACAs positive patients, Chamley et al., (1993b), also reported that ACAs were bound to antigenic sites within the placenta. Also it has been suggested by Yamamoto et al., (1996), the possibility that ACAs may decrease the placental functions in preeclampsia. The functional changes induced by ACAs has also been reported .Gleicher et al., (1992) demonstrated that HCG production by placental culture with ACAs containing sera was inhibited under phospholipase  $A_2$  and phospholipase -C stimulation.

# AIM OF WORK



# <u>AIM OF THE WORK</u>

- 1. To estimate the incidence of anticardiolipin antibodies (ACAs) in preeclampsia.
- II. The relationship between the presence of ACAs in the serum of preeclamptic women and the development of intrauterine growth retardation (IUGR) in their offsprings.