# TUMOR NECROSIS FACTOR LEVEL IN PREGNANCY INDUCED HYPERTENSION

**Thesis**
Submitted for Partial Fulfillment of MD. Degree in
*Obstetrics and Gynecology*

By

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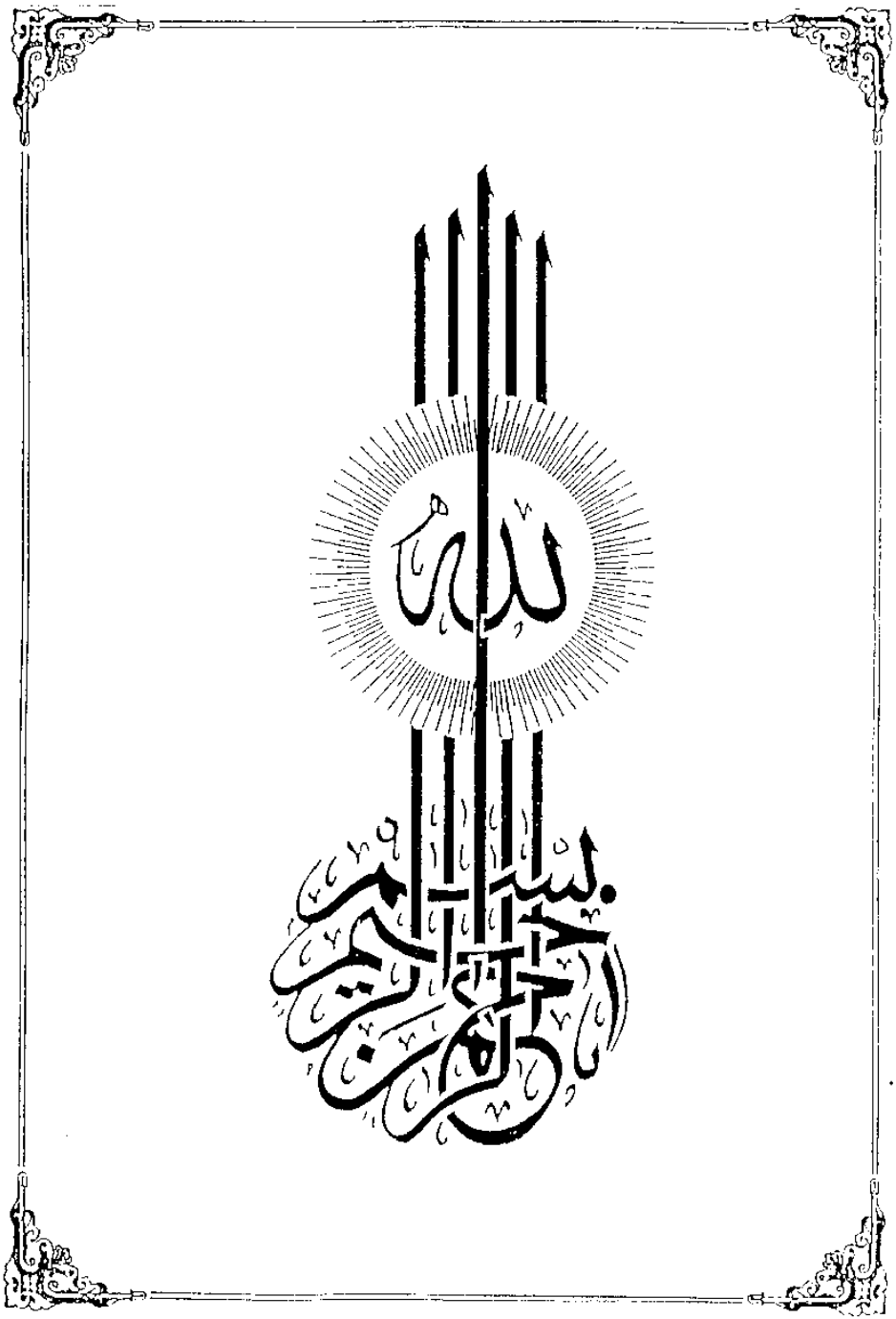
**1995**

بسم الله الرحمن الرحيم

قالوا سبحانك لا علم لنا إلا ما علمتنا إنك أنت العليم الحكيم

(سورة البقرة - آخر الآية ٣٢)



*TO MY FAMILY*

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| | |
|---|---|
| ADP: | Adenosine diphosphate. |
| AFP: | Alpha feto protein. |
| AMP: | Adenosine monophosphate. |
| ATP: | Adenosine triphosphate. |
| C.S: | Cesarean section. |
| DNA: | Deoxyribonucleic acid. |
| EDRF: | Endothelium derived relaxing factor. |
| EDTA: | Ethylene diamine tetracetic acid. |
| EPF: | Early pregnancy factor. |
| gm: | gram. |
| GM-CSF: | Granulocyte, macrophage-colony stimulating factor. |
| hCG: | Human chorionic gonadotrophin. |
| HELLP syndrome: | Syndrome of hemolysis, elevated liver enzymes and low platelet count. |
| HLA: | Human leucocyte antigen. |
| hPL: | Human placental lactogen. |
| IFN $\gamma$: | Gamma interferon. |
| Ig: | Immunoglobulin. |
| IL: | Interleukin. |
| IRMA: | Immuno radiometric assay. |
| ISF: | Immune suppressive factor. |
| KD: | Kilo dalton. |
| LPS: | Lipopolysaccharide. |
| MHC: | Major histocompatibility complex. |

| | |
|---|---|
| ml: | millilitre $1 \times 10^{-3}$ of the liter |
| MLC: | Mixed lymphocyte culture. |
| mRNA: | Messenger ribonucleic acid. |
| ND: | Normal delivery. |
| NO: | Nitric oxide. |
| PAI: | Plasminogen activator inhibitor. |
| PCR: | Polymerase chain reaction. |
| PG: | Prostaglandin. |
| Pg: | Picogram ($1 \times 10^{-9}$ of a gram). |
| $PGI_2$: | Prostacyclin. |
| SD: | Standard deviation. |
| TLX: | Trophoblast lymphocyte cross reactive antigens. |
| TNF: | Tumor necrosis factor. |
| tPA: | Tissue type plasminogen activator. |
| $TXA_2$: | Thromboxane $A_2$. |
| ul: | Microlitre ($1 \times 10^{-6}$ of a litre). |
| uPA: | Urokinase type plasminogen activator. |

# INTRODUCTION

# AIM OF THE WORK

# INTRODUCTION

Preeclampsia-eclampsia remains one of the most commonly encountered pregnancy induced disorders in Egypt. It is a multifaceted syndrome with variable involvement of several organ system. The classic triad of hypertension, edema, and proteinuria is still the most common presentation (**Chesley, 1985**).

Pre-eclampsia is still the disease of theories. However, it is widely accepted that increased blood pressure is due to either increased sensitivity of the blood vessel wall to the constrictor action of adrenergic amines, angiotensin, and vasopressin, or decreased sensitivity to endogenous vasodilators such as prostacyclin (**Worley, 1984**).

Pre-eclampsia is associated with vascular endothelial cell injury. This injury leads to disturbed prostacyclin/thromboxane ratio with dominance of thromboxane (a potent vasoconstrictor), as the injured endothelium cannot produce prostacyclin. This endothelial injury can also explain the activity of coagulation cascade and the associated cardiovascular complications occurring in the disease (**Roberts et al., 1989**).