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#### STUDY OF PLASMA ENDOTHELIN-1 IN PRE-ECLAMPTIC AND GESTATIONAL DIABETIC PATIENTS

# Thesis Submitted Partial Fulfillment of the Master Degree in Obstetrics and Gynaecology

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#### INTRODUCTION

Pre- eclampsia and Diabetes mellitus are two of the common medical complications occurs during pregnancy.

Pre eclampsia is a fascinating disease, the aetiology of which has remained elusive for centuries. (1) Many theories were claimed to be a cause of pre-eclampsia.

Cooper and liston<sup>(2)</sup> examined the possibility that susceptibility to pre eclampsia is dependent upon a single recessive gene. Dietary deficiency especially for calcium has been suspected as a cause of pre eclampsia <sup>(3)(4)</sup>.

Prostaglandins are implicated in the causation of pre-eclampsia. Prostacyclin ( $PGI_2$ ); the vasodilating factor may account for haemodynamic changes in pregnancy while increase of "Thromboxane A2" as a vasoconstrictor, and platelet aggregating factor is seen in preeclampsia. (1)

Endothelins are claimed in the causation of preeclampsia where higher levels were reported in preeclamptic women. (5)(6)

Diabetes mellitus is primarily a disturbance of carbohydrate metasbolism characterised by hyperglycemia ± glycosuria, with secondary disturbance of protein and fat metabolism. Microangiopathy is wide - spread, but is more

prominent in the retina, glomeruli and vasa nervosa. The vast majority of cases are idiopathic (primary diabetes) and the minority are of known aetiology (secondary diabetes). (7)

#### Hereditary

The mode of inheritance is not precisely known and several genes are probably involved. In genetically predisposed persons, precipitating factors such as obesity, pregnancy, trauma, shock and infection, can precipitate diabetes (8)

#### Drugs

Also certain drugs may precipitate diabetes such as corticosteroids, thiazed, thyroid hormone, diazoxide. (9)

#### Obesity

Obesity itself result in some degree of insulin resistance. Plasma insulin level is higher in obese as compared with normal pepole suggesting defective insulin utilization and reverts to normal level after weight reduction. (10)

Pregnancy complicated by diabetes mellitus represents a therapeutic challenge to physicians, patients, and health care professionals a like.  $^{(9)(10)}$ 

Pregnancy can precipitate and aggrevate already existing

diabetes due to presence of human placental lactogen, which is similar to growth hormone, and has antagonistic action to insulin.  $^{(11)}$ 

A significant increase in the maternal circulating plasma concentrations of cortisol, another counter regulatory hormone; is also observed during gestation. (12)

Elevated estrogen, progesteron and prolactin concentrations may also worsen insulin sensitivity during pregnancy. (13)

Other contributing factors include increased body weight and adibosity, increased caloric intake, and decreases in physical activits, each of which may impair insulin sensitivity (14).

Plasma endothelin levels donot change with advancing gestational length. During normal pregnancy, the endothelin - 1 / big endothelin - 1 ratio decrease, indicating a suppressed converting enzyme activity or altered clearance of endothelin - 1. (15)

Pregnant women with insulin dependant diabetes mellitus have markedly elevated endothelin -1 levels. (16)