### First Trimestric Maternal Serum Omentin-1 as an Early Predictor of Preeclampsia

#### Thesis

Submitted for Partial Fulfillment of Master Degree In Obstetrics and Gynaecology

# *By*Diaa Eldien Mohammed Ghorab

M.B.B.Ch.(2009)
Faculty of Medicine, Alexandria University
Resident of obstetrics and gynecology
DosoukGeneralHospital

### Under Supervision of

### **Prof. Karim Ahmed Wahba**

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

#### Ass.Prof. Adel Shafik Salah El-Din

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

#### Prof. Rasha Mohamed Mamdouh Abdo Saleh

Professor of Clinical Pathology Faculty of Medicine- Ain Shams University

> Faculty of Medicine Ain Shams University 2016



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### **List of Abbreviations**

| Abb.        | Full term                         |
|-------------|-----------------------------------|
| Ab          | Antibody                          |
| ACOG        | American College of Obstetricians |
|             | andGynecologist                   |
| ACS         | Acute coronary syndrome           |
| AFP         | Alpha feto protein                |
| Ag          | Antigen                           |
| Akt         | Protein kinase B                  |
| ALB         | Albumin                           |
| ALT         | Alanine aminotranferase           |
| AMI         | Acute myocardial infarction       |
| <b>AMPK</b> | AMP-activated protein kinase      |
| ANP         | Aterialnaturetic peptide          |
| AST         | Aspartate aminotransferase        |
| AUC         | Area under the curve              |
| B.HCG       | Beta Human Chorionic Gonadotropin |
| BMI         | Body mass index                   |
| BP          | Blood pressure                    |
| BPP         | Biophysical profile               |
| BUN         | Blood urea nitrogen               |
| CAD         | Coronary artery disease           |
| CBC         | Complete blood count              |
| CD40L       | CD40 ligand                       |
| cGMP        | Cyclic guanosine monophosphate    |
| CIMT        | Carotid intima media thickness    |
| СК          | Creatine kinase                   |

| Abb.        | Full term                                       |
|-------------|---|
| CK-MB       | Creatine kinase-MB fraction                     |
| CMRI        | Cardiac magnetic resonance imaging              |
| CO          | Carbon monoxide                                 |
| COX2        | Cyclooxygenase-2                                |
| CRP         | C- reactive protein                             |
| СТ          | Computed tomography                             |
| CTn         | Cardioc troponin                                |
| cTn I       | Cardiac troponin I                              |
| cTn T       | Cardiac troponin T                              |
| CVD         | Cardiac vascular disease                        |
| DBP         | Diastolic blood pressure                        |
| DES         | Diethyl stilbosterol                            |
| DIC         | Disseminated intravascular coagulation          |
| DsDNA       | Double stranded DNA                             |
| EAT         | Epicardial adipose tissue                       |
| ECG         | Electrocardiogram                               |
| ECM         | Extracellular matrix                            |
| <b>EDHF</b> | Endothelial-derived hyperpolarizing factor      |
| EIA         | Enzyme immunoassay                              |
| ELISA       | Enzyme linked immunosorbent assay               |
| eNOs        | Endothelial nitric oxide synthase               |
| ESC/ACC     | European Society of Cardiology and the American |
|             | College of Cardiology                           |
| ET_1        | Endothelin1                                     |
| EtBr        | Ethidium bromide                                |
| FFA         | Free fatty acid                                 |
| FGR         | Fetal growth restriction                        |

| Abb.     | Full term   |
|----------|---|
| GA       | Gestational age                                   |
| GLUT4    | Glucose transporter 4                             |
| $H_2O_2$ | Hydrogen peroxide                                 |
| $H_2S$   | Hydrogen sulfide                                  |
| HDCP     | Hypertensive disorder complication of pregnancy   |
| HDL-C    | High density lipoprotein cholesterol              |
| HELLP    | Hemolysis, elevated Liver function tests, and low |
|          | platelets   |
| H-FABP   | Heart –type fatty acid binding protein            |
| НО       | Hemeoxygenase                                     |
| HOMA.IR  | Homostasis model assessment of insulinresistance  |
| HPLC     | High performance liquid chromatography            |
| HR       | Heavy rough                                       |
| Hs CRP   | High sensitivity C reactive protein               |
| hsCRP    | High sensitive c- reactive protein                |
| IFN      | Interferone                                       |
| IL-6     | Interleukin 6                                     |
| IR       | Insulin resistance                                |
| IUGR     | Intrauterine growth restriction                   |
| JNK      | Mitochondrial C-Jun-N terminal kinase             |
| KIRs     | Killer immunoglobulin receptors                   |
| LDA      | LOW dose aspirin                                  |
| LDH      | Lactate dehydrogenase                             |
| MAP      | Mean arterial pressure                            |
| mmHg     | Millimeter mercury                                |
| MRI      | Magnetic Resonant Image                           |
| mRNA     | Messenger ribonucleic acid                        |
|          |   |

| Abb.     | Full term                                      |
|----------|--|
| NHBPEPWG | National High Blood Pressure Education Program |
|          | Working Group                                  |
| NICE     | National Institute for Health and Clinical     |
|          | Excellence                                     |
| NO       | Nitric oxide                                   |
| NPV      | Negative predictive value                      |
| NST      | Non stress test                                |
| NSTEMI   | Non-STsegment elevation myocardial infarction  |
| OX-LDL   | Oxidized-LDL                                   |
| P.C      | Post conception                                |
| P.M      | Post menstruation                              |
| P38      | Mitogen-activated protein kinase               |
| PAI-I    | Plasminogen activator inhibitor-I              |
| PAPP-A   | Pregnancy associated plasma protein A          |
| PCOD     | Polycystic ovarian disease                     |
| PCR      | Polymerase chain reaction                      |
| PCyC     | Plasma cystatin C                              |
| PE       | Pre-eclampsia                                  |
| PGI-2    | Prostacyclin                                   |
| PI3K     | Phosphoinositide3 kinase                       |
| PIGF     | Placental like growth factor                   |
| PIH      | Pregnancy induced hypertension                 |
| Plt      | Platelet count                                 |
| PP 13    | Placental protein 13                           |
| PPV      | Positive predictive value                      |
| PTX 3    | Pentraxin 3                                    |
| ROC      | Receiver Operating Characteristic              |

| Abb.   | Full term                                |
|--------|--|
| ROT    | Roll over test                           |
| RT-PCR | Real time-PCR                            |
| SAA    | Serum amyloid A                          |
| SBP    | Systolic blood pressure                  |
| sCD40  | L Soluble CD40 ligand                    |
| sEng   | Soluble Endoglin                         |
| sFlt1  | Soluble Fms-Like tyrosine kinase -1      |
| SGA    | Small for gestational age                |
| SGOT   | Serum glutamate oxaloacetic transaminase |
| SGPT   | Serum glutamate pyruvate transaminase    |
| SHBG   | Sex hormone binding globulin             |
| SLE    | Systemic Lupus Erythematosis             |
| SMCs   | Stromal muscle cells                     |
| SPSS   | Statistical package for social sciences  |
| SR     | Scavenger receptors                      |
| STE    | ST segment elevation                     |
| SVCs   | Stromal vascular cells                   |
| T2DM   | Type 2diabetes mellitus                  |
| TAT    | Thrombin anti thrombin Ш                 |
| TBXA2  | Thromboxane A2                           |
| TC     | Total cholesterol                        |
| TG     | Triglycerides                            |
| TGF    | Transforming growth factor               |
| Th     | Helper-T-cells                           |
| Th1    | Helper T cells type 1                    |
| Th1    | T-helper1                                |
| Th2    | Helper T cells type 2                    |

### List of Abbreviations

| Abb.     | Full term                                       |
|----------|---|
| Th2      | T-helper2                                       |
| TNF      | Tumour necrotic factor                          |
| TNF-α    | Tumor necrotic factor –alpha                    |
| TTP      | Thrombotic Thrombocytopenic Purpura             |
| TxA2     | Tromboxane A2                                   |
| U/S      | Ultrasound                                      |
| UA       | Unstable angina                                 |
| UK       | United Kingdom                                  |
| VCAM     | Vascular cell adhesion molecule                 |
| VEGF     | Vascular endothelial growth factor              |
| VEGFR-I  | Vascular endothelial growth factor receptors-I  |
| VEGFR-II | Vascular endothelial growth factor receptors-II |
| VPF      | Vascular permeability factor                    |
| WHO      | World health organization                       |
| Wks      | Week  |

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## First Trimestric Maternal Serum Omentin-1 as an Early Predictor of Preeclampsia

### <u>Abstract</u>

**Background:** Pre-eclampsia is a multisystem complication that occurs after 20 weeks of pregnancy and can cause considerable maternal and fetal morbidity and mortality. This complex condition is characterized by suboptimal uteroplacental perfusion associated with a maternal inflammatory response and maternal vascular endothelial dysfunction. One of the main reasons for serial clinical assessment in antenatal care is the early detection of signs indicative of evolving preeclampsia. Aim: This study aim to assess the accuracy of maternal serum omentin-1 level during the first trimester as predictor for development or occurrence of preeclampsia. Omentin has been shown to act as an anti-inflammatory mediator and in one study has been shown to inhibit TNF-induced vascular inflammation in human endothelial cells. In another report, omentin also inhibited TNF-ainduced vascular cell adhesion molecule-1 expression by preventing the activation of p38 and JNK at least in part through the inhibition of superoxide production. In our study, there were no statistically significant differences between early &late onset PE as regard maternal age, BMI & women with early onset PE delivered at earlier GA and had higher SBP, DBP and meanarterial blood pressure and had low birth weight, SGA and a higher 24-h urinary protein compared with late onset PE. There was significant negative correlation in preeclamptic women between omentin level and both mean arterial blood pressure & 24-h urinary protein. Conclusion: From this study it was concluded that women who developed PE had lower serum omentin levels than women who did not develop PE with a sensitivity of 80.5% and specificity 80.5% and that the degree of decline is highly associated with severity of the PE with sensitivity 88.2% and specificity 100%.

**Keywords:** PE: Pre-eclampsia, Omentin, systolic blood pressure, diastolic blood pressure, SGA: Small for gestational age.

# **Protocol**

