

## FCP27

**SERUM FIBRONECTIN AND NO LEVELS AS AN INDEX OF THE ENDOTHELIAL DAMAGE IN PREECLAMPSIA**

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**Objective:** The aim of the study was to determine the presence and degree of endothelial injury by measuring plasma concentrations of cellular fibronectin (cFn) and circulating nitrate and total nitrite levels, end-products of Nitric Oxide, in pregnancies complicated by preeclampsia.

**Study design:** Circulating cellular fibronectin, nitrate and nitrite levels were compared between preeclamptic (n=20) and normotensive women (n=22). Two groups were similar at patients age, gestational age. Stored plasma, which had been obtained in the third trimester before labor, was assayed for cellular fibronectin by means of a sensitive and specific enzyme immunoassay, and serum nitrate, total nitrite levels measured by enzymatic Greiss reaction

**Results:** The values of cFn were significantly higher ( $47.4 \pm 27.9$  mg/dl) in the third trimester in the group of women with preeclampsia, as compared to normals ( $26.8 \pm 12.2$  mg/dl). Sera from women with pre-eclampsia had significantly lower nitrate concentrations ( $24.16 \pm 3.12$  vs  $30.77 \pm 3.41$ ,  $p < 0.05$ ) compared with healthy pregnant women respectively controls, however, there were no significant differences at the serum total nitrite levels between two groups.

**Conclusion:** Pregnancies complicated by preeclampsia had significantly higher plasma cellular fibronectin concentrations, and significantly lower serum nitrate levels than did control pregnancies. We speculate that the combination of a deficiency of serum nitrate and an increase in cFn may directly or indirectly initiate the vast majority of physiological and serological changes associated with preeclampsia

## FCP28

**REVERSIBLE POSTERIOR LEUKOENCEPHALOPATHY SYNDROME ACCOMPANIED BY ECLAMPSIA AND MR SPECTROSCOPIC FINDINGS**

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Posterior leukoencephalopathy syndrome (PLS) is a newly recognised brain disorder that predominantly affects the cerebral white matter. Oedematous lesions particularly involve the posterior parietal and occipital lobes, and may spread to basal ganglia, brain stem, and cerebellum. This rapidly evolving neurological condition is clinically characterised by headache, nausea and vomiting, seizures, visual disturbances, altered sensorium, and occasionally focal neurological deficit. PLS is often associated with an abrupt increase in blood pressure and is usually seen in patients with eclampsia, renal disease, and hypertensive encephalopathy. The lesions of posterior leukoencephalopathy are best visualised with magnetic resonance (MR) imaging. T2 weighted MR images, at the height of symptoms, characteristically show diffuse hyperintensity selectively involving the parieto-occipital white matter. MR spectroscopy (MRS) utilizes the same hardware as MR, but further provides information about the biochemical metabolism. Proton MRS has been used to measure proton-containing compounds, such as amino acids, organic acids and sugars in tissue specimens. There have been many reports of proton MRS of brain tumors, but this technique has not yet been reported in eclampsia. A 30-year-old woman complained of diminution of visual acuity, headache and nausea. We measured metabolites in occipital lobes, basal ganglia and posterior parietal lobes using single voxel MRS and evaluated the clinical significance of this method in eclampsia. Spectra were analyzed for the presence of choline, creatine, N-acetylaspartate (NAA), lipid, and lactate. This is the first clinical in vivo study that we report a case of reversible PLS accompanied by eclampsia, and spectral findings are described.