

The indications for the amniocentesis were: fetal death in anamnesis, the necessity of the evaluation of the fetal maturation and its condition before an elective cesarean section. The following biochemical parameters were evaluated: glucose, bilirubine, optical density at 570 and at 650 nm, H+ions (measured as titrate acidity of urine), total estrogens and placental lactogen.

Results: It was observed: 1) glucose $0,97 \pm 0,32$ vs $1,91 \pm 0,83$ mmol/l ($p < 0,001$); 2) bilirubine $8,55 \pm 6,55$ vs $1,81 \pm 1,16$ μ mol/l ($p < 0,001$); 3) optical density at 570nm – $0,788 \pm 0,389$ vs $0,358 \pm 0,294$ ($p < 0,001$); 4) optical density at 650 nm – $0,502 \pm 0,250$ vs $0,228 \pm 0,163$ ($p < 0,001$); 5) H+ions – $0,322 \pm 0,307$ vs $0,264 \pm 0,201$ (NS); 6) total estrogens $1754,7 \pm 682,3$ vs $2367,9 \pm 381,4$ mmol/l ($p < 0,0001$) and 7) placental lactogen $1282,0 \pm 695,4$ vs $2688,5 \pm 616,1$ ng/ml ($p < 0,0001$).

Conclusion: Low concentration of glucose, total estrogens and placental lactogen indicates the risk of intrauterine fetal death. H+ions concentration shows that the fetal's kidneys in pregnancies with the presence of meconium in amniotic fluid were as matured as the fetal's kidneys in the control group. Because of the presence of meconium in amniotic fluid it's impossible to evaluate the fetal's lungs maturity by using the optical density.

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RENAL FUNCTION IN WOMEN WITH ASYMPTOMATIC (ISOLATED) ROTEINURIA IN LATE PREGNANCY

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Objective: This study was conducted to analyze the renal function in women with asymptomatic (isolated) proteinuria in late pregnancy.

Methods: The study covered 45 women with asymptomatic proteinuria in late pregnancy (the study group) and 136 healthy women (the control group). Proteinuria was $2,02 \pm 1,95$ vs $0,2 \pm 0,3$ g/24 hours. Moreover, the women in both groups were at the same mean age: $27,6 \pm 6,17$ vs $28,1 \pm 6,54$ years (NS). The women in both group were also at the same gestational age: $37,6 \pm 2,62$ vs $37,1 \pm 2,15$ (NS). Body mass index (BMI) before pregnancy was $23,8 \pm 2,79$ vs $22,5 \pm 2,60$ ($p < 0,05$). BMI before labor was $29,9 \pm 3,8$ vs $27,7 \pm 2,8$ ($p < 0,01$). On average, BMI increased $24,5 \pm 9,7\%$ vs $24,1 \pm 7,0$ (NS). Mean arterial blood pressure was $123,0 \pm 15,4/76,1 \pm 12,0$ mmHg vs $115 \pm 6,0/68,0 \pm 7,0$ mmHg ($p < 0,01$ and $p < 0,01$). Three women in the study group presented lower extremities edema (6,67%). Moreover, all women included in the study had no urinal tract infection (no bacteriuria present, leucocyturia within normal limits). Laboratory tests revealed hypoproteinemia $58,0 \pm 5,0$ vs $67,0 \pm 6,0$ g/l ($p < 0,001$) and hypoalbuminemia $443,4 \pm 58,0$ vs $522,0 \pm 87,0$ μ mol/l ($p < 0,001$). All women included in the study have had measured their serum concentrations of: uric acid (UA), urea (U), creatinine (Cr), electrolytes Na⁺, K⁺, Cl⁻, and Fe⁺⁺, osmolality (which was measured also in urine), and blood morphology parameters.

Results: We observed - UA $26,7 \pm 7,9$ vs $19,5 \pm 3,6$ μ mol/l ($p < 0,001$), U $4,83 \pm 1,91$ vs $3,32 \pm 0,83$ mmol/l ($p < 0,001$), Cr $85,7 \pm 12,3$ vs $66,3 \pm 4,42$ μ mol/l ($p < 0,001$), Na⁺ $140 \pm 2,2$ vs $138 \pm 5,0$ ($p < 0,001$), K⁺ $4,37 \pm 0,37$ vs $4,20 \pm 0,2$ ($p < 0,01$), Cl⁻ $109,5 \pm 2,4$ vs 105 ± 4 mmol/l ($p < 0,001$), Fe⁺⁺ $22,0 \pm 6,1$ vs $16,4 \pm 2,2$ μ mol/l ($p < 0,001$), osmolality in serum $282,8 \pm 3,7$ vs $282,1 \pm 3,4$ (NS), in urine 650 ± 185 vs 720 ± 150 mOsm/kgH₂O (NS), Hb $7,41 \pm 0,7$ vs $7,41 \pm 0,68$ mmol/l (NS), erythrocytes $3,94 \pm 0,36$ vs $4,0 \pm 0,35 \times 10^9$ /l (NS), leucocytes $10,7 \pm 2,9$ vs $10,8 \pm 2,0 \times 10^9$ /l (NS), hematocrit $33,1 \pm 3,25$ vs $35,0 \pm 3,0$ % ($p < 0,01$), platelets $198,6 \pm 46,9$ vs $210,0 \pm 5,0 \times 10^9$ /l (NS).

Conclusion: We observed moderate pathological changes in renal function in women with asymptomatic (isolated) proteinuria in late pregnancy.