

P183. Peculiarity of pregnancy and labor in women with hla incompatibility

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The analysis of the course of pregnancy and labor in 80 women aged 21-32 years with HLA incompatibility. All women made the necessary clinical - laboratory studies, including the identification of HLA antibody titer. According to the severity of the HLA incompatibility, all pregnant women were divided into 2 groups: The first group involved 28 (35%) women, in which the antibodies titer was up to 20%. Whereas in 12(48.9%) cases, HLA-antibodies were detected before the present pregnancy. These women before pregnancy have received 2-3 courses of plasmapheresis. In 16 (57.1%) cases, HLA incompatibility was diagnosed in the first trimester of the pregnancy.

Group 2 included 52 (65%) women, in which the HLA antibodies titer ranged from 20 to 40%. In this group, 24 (46.2%)cases had HLA antibodies that were revealed up to the present pregnancy. They received 3-5 courses of plasmapheresis and anticoagulants. In 28 (53.8%) pregnant women HLA incompatibility was diagnosed in the first trimester of present pregnancy . In 22 (27.5%) cases HLA incompatibility combined with ABO incompatibility, 14 (17.5%) cases - a genetic thrombophilia, in 8 (10%) cases - with antiphospholipid syndrome.

All pregnant women received appropriate correcting therapy: 34 (65.4%) pregnant women underwent husband skin graft transplantation: in 8 (15.4%) cases – during the 6-11 weeks of gestation, 26 (50%) cases – during the 12-17 weeks. After the transplantation, every 4 weeks the titer of antibodies was studied.

The pregnancy was prolonged in 46 (57.5%) cases up to 38-39 weeks of pregnancy, and in 34 (42.5%) cases preterm labor was noticed.

Proceeding from dynamic of HLA antibodies titer, the best optimal method to prolong the pregnancy and to reduce the most dangerous complications, for the cure of incompatibility nowadays husband skin transplantation is applied.

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