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## EXPERIMENTAL STUDY OF THE SENSITIVITY PREGNANT AND NONPREGNANT UTERUS TO THE BRADYKININ AND PARMIDIN

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**Objective.** *The purpose of the present study was to examine the sensitivity of isolated nonpregnant and pregnant rat uterus to spasmogenic action of bradykinin and effect of antibradykinin agent - pyridonol-carbamat (Parmidin).*

**Methods.** *Nonpregnant and pregnant (in I, II and III periods of normal pregnancy) rats Wistar line were used for investigations.*

**Results.** *It was showed that sensitivity of pregnant uterus to the bradykinin increased as nonpregnant uterus especially during I and III periods of pregnancy. Parmidin antagonizes bradykinin - induced contractions in rat isolated uterus and its effect correlated with changes of sensitivity of the uterus to bradykinin.*

**Conclusions.** *According to our reckoning parmudin it is possible to recommend for complex treatment of abnormal labor activity. Clinical aprobatons are necessary for using this drug in obstetrics.*

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## PRIMARY ANTIPHOSPHOLIPID SYNDROME: THERAPEUTIC MANAGEMENT DURING PREGNANCY

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**Objective:** *To test hypothesis that plasmapheresis could be effective in complex therapy of primary antiphospholipid syndrome in women with recurrent pregnancy losses during pregnancy.*

**Methods:** *We studied 156 pregnant women with primary antiphospholipid syndrome and recurrent pregnancy losses. Tests to detect LA, including the activated partial thromboplastin time (APTT), the kaolin clotting time, were performed.*

**Results:** *Positive results were found in all pregnant women with associated clinical complications. In the first group (81 patients) we used immunosuppressive drugs in low doses - prednisone (5-10 mg/day) or methipred (4-8 mg/day) combined with low-dose aspirin (100 mg/day) and, if necessary - anticoagulant treatment subcutaneous heparin. In the second group (75 cases) we used corticoids, aspirin and plasmapheresis 3 times during pregnancy. 8/81 (9,8%) pregnancies in the first group and 5/75 (6,6%) in the second group terminated as preterm labor on 32-34 weeks of gestation. After 3 session of plasmapheresis it was noted absence of LA in venous blood in 65/75 (86,7%) of patients. Normalization of haemostasiogramm (decrease of thrombodynamic potential index), plateletys aggregation, disapperance of DIC markers was noted in 70/75 (93,3%) of patients. Successful pregnancies have been obtained in 67/75 (89,3%) cases.*

**Conclusion:** *Plasmapheresis may be effective in complex therapy of primary antiphospholipid syndrome in patients with recurrent pregnancy losses.*