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## INCREASED PHENOTYPE FREQUENCIES OF HUMAN LEUKOCYTE ANTIGENES CLASS II VIA A POSSIBLE MECHANISM OF RELATIVE RISK OF ENDOMETRIAL ADENOCARCINOMA

Safina N. S., Ourmantcheeva A. F., Zubareva T. S., Bubnova L. N.

Medical Academy of Postgraduate Studies, Institute of Hematology, St. Petersburg, Russia

**Objective:** Previous data have shown association between HLA phenotype and cervical cancer. The aim of our study was whether identify of HLA class II alleles to correlate with relative risk of endometrial adenocarcinoma (EA).

**Methods:** We typed by polymerize chain reaction-sequence specific primers (PCR-SSP) technique (HLA-DRB1\*01-16, DQB1\*0201-0608, DQA1\*0101-0601 alleles) of 46 patients with EA and 78 healthy subjects. Features are calculated using  $\chi^2$  test, and also relative risk (RR), ethyological fraction (EF) and preventive fraction (PF).

**Results:** Increased phenotype frequencies of HLA-DRB1\*03 and DQB1\*0201 are estimated from patients with EA (39,1% and 41,3%) comparing with healthy subjects (12,8% and 24,4%), RR are 4,37 and 2,19, EF are 0,139 and 0,103,  $p < 0,001$  and 0,05, respectively. Decreased phenotype frequency of HLA-DRB1\*01, DRB1\*04, DQB1\*0301 and DQA1\*0301 are estimated from patients with EC, RR are 0,14, 0,12, 0,25 and 0,35; PF are 0,114, 0,125, 0,151 and 0,166, respectively, ( $p < 0,05$ ). There were no alleles of HLA-DQA1\*0401 from patients with EA comparing with healthy subjects (0% and 7,7%, respectively), but there are no significant differences between both groups by  $\chi^2$ - test, ( $p < 0,1$ ).

**Conclusion:** Eventually, it's conceivable that increased phenotype frequencies of HLA class II alleles can be used to identify relative risk of EA. For clinical application, however, these indices are to be combined with features of anamnesis and appreciation of influence environmental factors.

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## PERINATAL FETAL CARE: STILL ACTUAL PROBLEM

Savelyeva G.M., Sichinava L.G., Panina O.B., Kurtzer M.A.

Russian State Medical University, Moscow, Russia

Current demographic situation in Russia is characterized by low birth and high mortality rates. In this situation reduction of the perinatal mortality and morbidity that are still high have to be of great importance. There are more than 4500 deliveries per year in Moscow Center of Family Planning and Reproduction (obstetrical clinic of Russian State Medical University) with gradually decreasing perinatal mortality rate (1997 – 3,0 ‰, 1998 – 1,87 ‰). We believe that only well organized pre-, ante- and intranatal care, intensive care of the neonates can provide the decrease of perinatal morbidity and mortality – the main goal of perinatologists.

The complex management of high-risk patients beginning from the 1<sup>st</sup> trimester should include genetic counselling, CVS, amnio- and cordocentesis, evaluation of intrauterine infections, dynamic ultrasonography, fetal monitoring including CTG and biophysical profile, assessment of feto-placental circulation. Using of diagnostic and prognostic criterias of antenatal screening, optimal mode and term of delivery, intensive care of high-risk neonates proved to be useful in the prediction of pregnancy outcome and provide significant reduction of CNS disorders.

Thus we believe that complex examination of high-risk patients allows to make a new approach to the prognosis of pregnancy outcome, early diagnosis and prophylaxis of perinatal disorders.