PLACENTAL $a_{\mbox{\tiny 1}}$ - MICROGLOBULIN AND FERTILITY $a_{\mbox{\tiny 1}}$ - MICROGLOBULIN IN DIAGNOSIS INTRAUTERINE INFECTIONS

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Objective: To assess the clinical significance placental proteins in diagnosis of intrauterine infection.

Methods: Placental a_1 - microglobulin (PAMG - 1), and fertility a_1 - microglobulin (FAMG) were measured by enzyme immunoassay and solid - phase sandwich method with monoclonal antibodies. The results were processed by variational statistics methods using standard Windows-95 software.

Results: 68 pregnant women were examined at 32-40 weeks. 48 of these presented with intrauterine infection and 20 were controls. A significant increase of fertility a_1 - microglobulin concentration and decrease of placental (a_1 - microglobulin in amniotic fluid and in the blood serum pregnant women in intrauterine infection.

Conclusions: Assessment of placental protein helps define the criteria of diagnosis and prediction of intrauterine infections and predict the child s status at birth.

DIAGNOSTIC AND CORRECTION TREATMENT OF MALE IMMUNE INFERTILITY

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Objective: Study of immune causes of male infertility and new treatment methods is one of the main directions in andrology.

Methods: A total of 378 men of infertile couples was examined according WHO criteria (WHO, 1992). A mixed antiglobulin reaction (direct MAR-test (Belgium)) for immunoglobulin IgG was performed on all samples to detect the presence of antisperm antibodies (ASA). This test was considered positive if more than 10% of spermatozoa demonstrated immunoglobulin attachment. The double-blind treatment was performed during 3 months with 120-mg/day testosterone undecanoate (Netherlands).

Results: Our study detected the immune factor in 15,8% that often went with asthenozoospermia (57,1%) and hypoandrogenia (23,4%). The patients with ASA<60% showed the decrease of MAR-test results until 10-15% after androgen treatment. The patients with ASA 60-100% need the assisted reproduction treatment procedures.

Conclusion: The use of androgen therapy in treatment of male immune infertility is perspective direction and needs further study.