precipitant factor, namely major surgery or infection. Aggressive treatment must be started as soon as possible.

FRI0183 ANTICARDIOLIPIN ANTIBODIES IN WOMEN WITH UNEXPLAINED PREGNANCY LOSS

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Background Recurrent pregnancy loss is one of the major clinical features of antiphospholipid syndrome (APS). Although pregnancy losses in patients with antiphospholipid antibodies typically occur after the 10th week of gestation, early losses and premature birth also take place. Preliminary classification criteria for APS precisely define pregnancy morbidity associated with anticardiolipin antibodies (aCL) and/or with lupus anticoagulant (LA) as follows: 1) one or more unexplained fetal deaths; 2) one or more premature births; 3) three or more unexplained consecutive spontaneous abortions before the 10th week of gestation, when other causes (endocrine, genetic, and morphological) have been excluded.¹

Objectives To assess the prevalence of elevated levels of anticardiolipin antibodies in otherwise healthy women with history of unexplained pregnancy losses and to investigate prevalence of APS among them.

Methods 29,8 ± 5,3

A cross-sectional study comprised fifty women (mean age 29,8 ± 5,3 years) with a history of unexplained pregnancy losses (median 3; range 1–6). None of these women had anatomical, endocrine, genetic or infective cause for miscarriage. Anticardiolipin antibodies of IgG and IgM isotype were measured by a standardised ELISA for beta2-GPI- dependent aCL.

Results 14 out of 50 (28%) women had elevated levels of aCL IgG (5) or IgM (6) or both (3) isotypes. Comparing aCL positive and aCL negative women, we found statistically significant difference in women age (32,3 ± 5,85 vs. 28,8 ± 4,8 years; $p < 0,02$) and fetal age at the time of miscarriage (median 18 vs. 10 weeks; $p < 0,0001$). Ten out of these 14 women fulfilled criteria for APS. During the follow-up of these patients that has lasted several years (3–5), 2 patients have developed full-blown of primary APS that includes thromboembolic events, and the other 3 were diagnosed as systemic lupus erythematosus (2) and overlap syndrome (1) with secondary APS.

Conclusion Elevated levels of anticardiolipin antibodies in women with unexplained pregnancy losses imply the presence of antiphospholipid syndrome. In fifty percent of these patients, full development of primary APS or secondary APS associated with systemic lupus erythematosus can be expected.

REFERENCE

- 1 Wilson WA, Gharavi AE, Koike T, et al. International consensus statement on preliminary classification criteria for antiphospholipid syndrome: report of an international workshop. *Arthritis Rheum.* 1999;**42**:1309–11

Scleroderma and related syndromes

AB0105 DYNAMICS OF HUMORAL IMMUNITY INDICES IN SYSTEMIC SCLEROSIS PATIENTS DEPENDING ON THE THERAPY CARRIED OUT

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Background

Objectives The aim of our study was to improve immunological control of specific antibodies (Ab) dynamics in blood of systemic sclerosis (SSc) patients during the therapy carried out using immunofluorescent (IFA) and immunoenzyme (IEA) analyses taking advantages of immobilised magnosorbents (MS).

Methods The Ab towards denatured deoxyribonucleic acid (dDNA), ribonucleic acid (RNA), cardiolipin (CL) were determined by IEA method, Ab towards catalase (Cat) ? by IFA method in sera of 28 SSc patients using immobilised MS before and after hospital treatment. Immobilisation was carried out by method of emulsion polymerisation by Gontar *et al.* (1990) in nitrogen gas flow with magnetic material incorporation in polyacrilamid gel structure. All observed patients were divided into 3 subgroups: first group (32 patients) was treated with basic medicines (D-penicillamine, vasomotor medicaments, physiotherapy, exercises, massage, symptomatic therapy), second group (22 patients) – + glucocorticosteroids; and third group (14 patients) – + plasmapheresis (Pph).

Results There were not reliable decrease of studied Ab ($p > 0,05$) in first group by IEA method, except Ab towards RNA ($p < 0,05$). However, we noted reliable decrease of Ab towards Cat ($p < 0,05$ after the course of therapy by IFA. In second group we revealed the decrease of Ab towards dDNA and RNA ($p < 0,05$), while the dynamics of Ab towards Cat and CL were less evident ($p > 0,05$). The positive effect of Pph was noted in third group, where we revealed marked tendency to decrease of Ab towards dDNA ($p < 0,02$), CL ($p < 0,001$), Cat and RNA ($p < 0,05$).

Conclusion The decrease of Ab towards dDNA, RNA, CL and Cat were noted in SSc patients during hospital treatment that allow the use of these indices as criteria for therapy efficiency and its duration. The use of extracorporeal treatment method ? Pph in complex therapy of SSc patients allow to achieve clinical improvement in patients side by side with significant decrease of Ab towards dDNA, RNA, CL and Cat.

AB0106 THE MORPHOLOGICAL AND FUNCTIONAL CHANGES OF MICROCIRCULATORY VESSELS IN SYSTEMIC SCLEROSIS

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Background

Objectives Systemic sclerosis (SSc) is characterised by the proof deterioration of microcirculation and the large structural changes of the microcirculatory vessels. The aim of the study was to investigate the relationship between functional and structural abnormalities of skin microcirculation in patients with systemic sclerosis (SSc).