

FREE COMMUNICATIONS

12.45 - 14.00

Haemostasis in Pregnancy and the Newborn

Queen Elizabeth Hall

0564 MORPHOLOGICAL ASPECTS OF HAEMOSTASIS IN THE UTERUS DURING MENSTRUATION.

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Light and electron microscopical studies were performed on 8 normal uteri extirpated during the first 24 hours of menstruation. In the premenstrual phase with clinical spotting stromal desintegration had already occurred. Vessel lesion sometimes with open communication between the vessel lumen and the surrounding stroma, but without hemostatic reaction were observed. During early menstruation (up to 7 hrs after the onset of menstruation) extravasation of blood was observed in the superficial layers of the functionalis. Vessels in this zone were plugged by thrombi containing variable amounts of platelets and fibrin. These thrombi were desquamated with the shed tissue. At 13 hours after the onset of menstruation the functional layer was almost fully desquamated. Few thrombi with a relatively fresh appearance were detected at the transition of basal into functional layer. From 20-72 hrs after the onset (late menstruation) almost all functional endometrium was shed. No extravasation of blood and no intravascular thrombi were observed. Hemostasis may be caused by adherence of vessel lips. This study is the first study to indicate the direct involvement of platelets and fibrin in hemostasis in the menstruating uterus. The differences with hemostasis elsewhere in the body is very pronounced.

0565 CIRCULATING PLATELET AGGREGATES IN NORMAL PREGNANCY AND PREECLAMPSIA

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Circulating platelet aggregates have been observed in various thromboembolic states. It is known that severe preeclampsia is associated with features of intravascular coagulation. To evaluate the role of platelets in this disorder we have determined circulating platelet aggregates in 10 patients with severe preeclampsia, in 30 patients in the third trimester of uncomplicated pregnancies and in 35 healthy non-pregnant volunteers. Platelet aggregate ratio /P.A.R./ was measured by a modification of a method described by Wu and Hoak. The mean P.A.R. of severe preeclamptic patients /0,732 ± 0,068 SEM/ was significantly lower than that of the uncomplicated pregnant women /0,860 ± 0,052 SEM/ and of the nonpregnant volunteers /0,880 ± 0,061 SEM/. The results indicate that severe preeclamptic patients have increased levels of circulating platelet aggregates and platelet activation is a feature of preeclampsia.

Time
12.45

13.00