versus healthy pregnant women.
Conclusion: Elevation of free oxygen radicals levels were accompanied by alterations of nonenzymatic, as well as enzymatic antioxidative defense system activities, indicating increased oxidative stress in preeclampsia.

P2.07.22
PREGNANCY IN A WOMAN WITH BLADDER EXSTROPHY
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Bladder Exstrophy is an unusual congenital anomaly with an incidence of 1 in 50,000 and a male to female ratio of 2,3:1. Patients becoming pregnant with such an anomaly are even rarer. We report such a rare case of a 30-year-old primigravide with bladder exstrophy, who conceived nine years after marriage without any treatment. She had an uneventful pregnancy and a successful vaginal delivery of a healthy male child. She was asked to follow up six weeks postpartum for definitive surgery for the bladder exstrophy.

P2.07.23
BIOCHEMICAL PARAMETERS OF AMNIOTIC FLUID IN HYPERTENSION
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Objective: The aim of the study was to investigate fetal condition in pregnancy complicated with hypertension evaluating following parameters of amniotic fluid: glucose, bilirubin, total estrogen and human placental lactogen. There were also clouding test (absorption 570nm), foaming test and lecithin/sphingomyelin ratio performed.
Methods: Thirty-one women with hypertension (the studied group) and 30 healthy women (the control group) entered the study. The studied group consisted of women with pregnancy induced hypertension (58%), primary hypertension (32%) and hypertension in chronic renal diseases (10%). The biochemical analysis of parameters listed above was performed.
Results: All women were in the third trimester of pregnancy (mean gestational age 37±2.0 wks.). Patients in the studied group presented blood pressure 160±15/95±5±mmHg vs. 118±10/75±9 mmHg in the control group. Women in the studied group vs. control group showed the following concentrations in the amniotic fluid: glucose 1.35±0.3 vs. 1.90±0.96 micomol/l; p<0.01, bilirubin 1.71±1.0 vs. 1.88±1.0 micromol/l; NS, total estrogen 2449±65.6 vs. 2919±850 mmol/l; p<0.025, human placental lactogen 1149±448 vs. 1767±795 ng/ml; p<0/001, agbsorption 570nm 0.325±0.21 vs. 0.358±0.27; NS, foaming test 3.0±1.3 vs. 3.5±1.6; NS, L/S ratio 2.33±0.37 vs. 2.42±0.42;NS.
Conclusions: The decreased concentration of glucose in amniotic fluid of the hypertensive mothers might be related to previously reported metabolic-respiratory acidosis and hypoxemia. The lowered values of total estrogen and human placental lactogen confirm placental insufficiency. Fetuses of the hypertensive mothers showed maturation of the lungs adequate to those from the healthy mothers. The evaluation of the bilirubin in the amniotic liquid does not present diagnostic value in pregnancy complicated with hypertension.

P2.08 INFECTIONS IN OBSTETRICS AND GYNECOLOGY

P2.08.01
RETROSPECTIVE ANALYSIS OF TRASMISSION TIMING OF CYTOMEGALOVIRUS FROM MOTHER TO FETUS OR NEONATE
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Objectives: In order to determine at what point of pregnancy or perinatal period, i.e. antepartum intrapartum or postpartum, the transmission takes place, a retrospective analysis was made of the data obtained at the National Defense Medical College Hospital.
Study Methods: A total of 200 mothers and their neonates were screened for the presence of cytomegalovirus (CMV) infection using PCR to confirm the presence of CMV-DNA in the breast and saliva, and in the neonate's cord blood at birth and urine 3 days after birth.
Results: Thirty-eight mothers out of 200 were confirmed to have CMV-DNA in the breast mild and none in the saliva. The incidence of CMV-DNA in the milk and saliva was 19% and 0% respectively. Only 1 neonate had CMV-DNA in the cord blood and urine. There were 162 gravidas with positive serum CMV-antibodies among 200 gravidas. The incidence was 81% (primary: 0%, recurrent: 2.5%, previous: 78.5%) and that of negative infection was 19%. One neonate born from gravidas of recurrent infection had intrauterine infection.
Conclusion: It is suggested that CMV infection in the newborn infant occur chiefly caused through breast feeding. The incidence of primary infection in gravidas is high in Japan and more congenially infected infants are expected to be born.

P2.08.02
SCENARIO OF FEMALE GENITAL TRACT TUBERCULOSIS-PAST, PRESENT AND FUTURE
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Objectives: (i)To estimate the incidence of female genital tract tuberculosis (FGTB) in a tertiary referral hospital. (ii) To apply mucin histochemistry to tuberculous endometria and to evaluate results in context of infertility/ sterility.
Material and Methods: A retrospective analysis of biopsies for age, presenting symptoms and light microscopic features was done from January 1969 to December 1994. Mucin histochemistry was applied on 50 tuberculous endometria and 20 control endometria from reproductive age group women and results were compared.
Analysis of records during 1857 to 1869 was also attempted to compare the incidence.
Results: total of 15,583 biopsies from female genital tract during twenty five year period, 184(1.8%) showed tuberculosis(cervix-28, endometrium110, fallopian tube 38, and ovary 10). The maximum incidence was seen in the third decade . The range of non necrotic granulomas to
granulomas with necrosis suggested an immune spectrum of high to low, but no clinical correlation was observed. Tuberculous endometria showed decreased quantities of mucin and glycogen compared to the controls. Records of 845 patients could be obtained, a hundred years back, which showed an incidence of 2.84%, though no mention of FGTB was made.
Conclusions: A decrease in mucin and glycogen required for blastocyst nutrition seen in tuberculous endometria may contribute to infertility / sterlity along with other mechanical factors in FGTB.
In future, in view of increase in AIDS's incidence, a high degree of clinical suspicion and more information on cost effectiveness of molecular tests in diagnostic area are required for better health care.

P2.08.03
IS SCREENING FOR SYPHILIS STILL NECESSARY IN ETHIOPIAN PREGNANT WOMEN? A PROSPECTIVE CROSS-SECTIONAL STUDY
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A prospective hospital-based cross-sectional study was done in Addis Ababa, Ethiopia between April 1997 and September 1997. A total of 410 pregnant women attending out patient clinic for their first antenatal care (ANC) follow-up visit during the study period were included in the study. Pre-tested questionnaire was administered and data regarding socio-demographic factors and past medical history of each patient was recorded. According to the routine of antenatal care follow up in the hospitals, sera from these pregnant women were examined for syphilis using Venereal Disease Research Laboratory (VDRL) test at the respective hospitals. Among the study population twelve women (2.9%) were found to be VDRL positive. The study showed that sero positive women are more likely to be those with lesser income (<600 Birr/month). Past history of abortion was significantly associated with VDRL positively (p<0.05). Similarities and differences have been noted between the findings of this study and other national and international reports. So, it looks necessary to make large scale community based study to see if screening is cost effective at the present state of practice.