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A Change of Peripheral CD56⁺ Natural Killer Cell Fraction in Recurrent Pregnancy Loss Patients Who Successfully Treated With Intravenous Immunoglobulin in Previous Pregnancy

양광문 · 박찬우 · 김해숙 · 전종영 · 유근재 · 강인수 · 궁미경

성균관대학교 의과대학 삼성제일병원 산부인과

Background & Objectives: The aim of this study was to evaluate the change of peripheral blood CD56⁺ NK cell fraction in recurrent pregnancy loss patients who successfully treated with intravenous immunoglobulin (IVIg) in previous pregnancy.

Method: The study subjects were women with a history of two or more documented consecutive spontaneous pregnancy loss under 20 weeks of gestation and successfully treated with intravenous immunoglobulin (IVIg) in previous pregnancy, excluding any associated with aneuploidy by karyotype analysis, and with no evidence of genetic, endocrine, infections or anatomic factors. We retrospectively analyzed the medical record study subjects of the change of peripheral blood CD56⁺ NK cell fraction before and after successful birth of baby beyond 25 weeks since June, 1998 to September, 2003 in Samsung Cheil Hospital. Healthy women with no history of recurrent pregnancy and having one baby with pregnancy ongoing at least 25 weeks selected as a control group and we compare the CD56⁺ NK cell fraction to that of study group.

Results: Pre- and after conceptional CD56⁺ NK cell fraction in women with whose next pregnancy beyond 25 weeks after IVIg treatment (n=16, pre: 24.5±1.2, after: 22.5±1.5) were significantly high compared with control group (n=14, 8.9±1.3). (T-test, p<0.05), but the difference between pre- and after conceptional CD56⁺ NK cell fraction was not statistically significant. Among 16 women with IVIg treatment in previous pregnancy, after conceptional CD56⁺ NK cell fraction below 15%, who regarded as have no need of IVIg treatment in next pregnancy were 3 women (3/16, 18.7%), but most of women with IVIg treatment in previous pregnancy (13/16, 81.3%) were regard as need of IVIg treatment in next pregnancy.

Conclusions: For the safety of pregnancy in women with history of recurrent spontaneous abortion and successfully treated with intravenous immunoglobulin (IVIg) in previous pregnancy, IVIg treatment should be considered in consecutive pregnancy.