EP01.07. Clinical relevance of angiogenic factors in late-onset preeclampsia

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Objectives
The clinical significance of sFlT1:PlGF ratio in late-onset preeclampsia is unclear. The aim of the present study was to evaluate the relationships of sFlT1:PlGF ratio with maternal and perinatal outcomes.

Methods
Pilot prospective case-control study including 45 pregnant women, 16 with late-onset preeclampsia (> 34w.) (8 mild and 8 severe) and 29 controls. sFlT1, PlGF and ratio sFlT1:PlGF was measured by immunoassay (Roche Corp). Patients were classified in mild and severe preeclampsia. Relationships with hematological, biochemical, Doppler parameters and perinatal outcomes were studied.

Results
sFlt1 and sFlT1:PlGF ratio were significantly increased and PlGF was decreased in women with late onset preeclampsia in comparison to controls (figure 1). There were no significant differences between mild and severe cases in the level of angiogenic factors. However, sFIT1:PIGF ratio was significantly correlated with creatinine, ALT and AST (r = 0.53, p = 0.03, r = 0.54, p = 0.03, r = 0.58, p = 0.01 respectively). In the subgroup of women with preeclampsia sFlT1:PIGF ratio was significantly correlated with uterine artery PI (r = 0.82, p = 0.005) and both PlGF and sFlT1:PIGF were correlated with birthweight in centiles (r = 0.59, p = 0.02 and r = -0.65; p = 0.01) (figure 2).

Conclusion
In women with late-onset preeclampsia angiogenic factors may identify women with defective placentation but their relationships with maternal morbidity although present is poor.