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Degree : **Ph.D.** Title of Thesis: **Effect of Hypercoagulability on Pregnancy Outcome**

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ABSTRACT

Pregnancy is a prothrombotic state, which is developed as a result of multifactorial reasons. Physiological changes that induce relative hypercoagulable state and physical changes leading to increased stasis. We aimed to assess possible thrombophilic parameters in women with a history of adverse pregnancy outcome. This cross-sectional study included 90 pregnant women during the second trimester of pregnancy divided into two groups. The Case group (n=45) had a history of intrauterine growth restriction (IUGR), intrauterine foetal death (IUFD), preterm labour or miscarriage. The Control group (n=45) included women with no history of adverse pregnancy outcome. The level of prothrombin time (PT), activated partial thromboplastin time (aPTT), fibrinogen (FBG), protein C (PC), protein S (PS), Antithrombin III (AT III), Lupus anticoagulant (LA), Anticardiolipin (IgM and IgG), Haemoglobin (Hb) and platelet (Plts) counts were measured. Patients with a history of bad pregnancy outcome were shown to have significantly higher levels of FBG, LA and anticardiolipin antibodies (IgM and IgG) and significantly lower levels of PS, PC and AT III compared to those with normal pregnancy outcome. There was no significant difference in PT and aPTT levels between the two groups. Patients with a history of adverse pregnancy outcome are at increased risk of hypercoagulable state.

Keywords: *Pregnancy, Miscarriage, Intrauterine fetal death, Intrauterine growth restriction, Hypercoagulability.*