

## **The Significance Of Anti-Esterogen And Progesterone Antibodies As A Risk Factor In Premature Rupture Of Amniotic Fluid**

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**Summary:** Premature amniocentesis occurs in 3% of all pregnancies. 50% of preterm births are caused by premature outflow of amniotic fluid.

Most unexplained complications during pregnancy can be attributed to the mother's aggressive immune response to the fetus. According to the authors of our country, estrogen and progesterone are involved in both specialized and non-specialized reactions of the body. Due to the stable action of these hormones, antifetal immune responses are prevented and a sufficient level of antimicrobial resistance in the mother's body is ensured. In the studies of K.S. Krasilnikova, the relative risk of fetal pathology increases by 2-7 times at high levels of antibodies compared to estrogen and progesterone. Foreign authors have information about the role of antibodies to PG in the genesis of premenstrual syndrome, autoimmune dermatitis, and toxicosis of pregnant women. Antibodies to PG, primary reproductive losses were detected in almost half of the women, and, according to the author, this may be one of the factors leading to early termination of a normal pregnancy.

**Key words:** premature ejaculation, estrogens, progesterone, risk factors.

Premature amniocentesis occurs in 3% of all pregnancies. 50% of premature births are caused by premature rupture of the amniotic fluid. [1,2,3]. Most unexplained complications in pregnancy can be attributed to the mother's aggressive immune response to the fetus. According to the authors of our country, estrogen and progesterone participate in both specialized and non-specialized reactions of the body. Due to the steady effect of these hormones, antifetal immune reactions are prevented and a sufficient level of antimicrobial resistance is ensured in the mother's body [4,5]. In the study of K.S. Krasilnikova, the relative risk of pathology in the fetus at high values of AT level compared to estrogen and progesterone is 2 - increases 7 times [7,8]. Foreign authors have information about the role of AT to PG in the genesis of premenstrual syndrome, autoimmune dermatitis, toxicosis of pregnant women [9]. Antibodies to PG, primary reproductive tract constipation was found in almost half of existing women, and according to the author, it may be considered one of the factors leading to early termination of normal pregnancy [6,10].

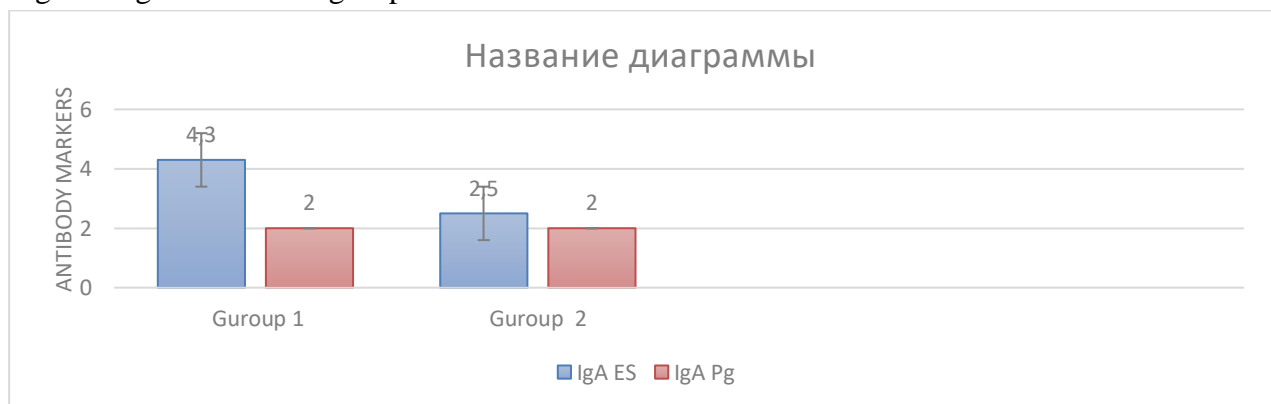
**The purpose of the study** is to study the importance of antibodies against estrogen and progesterone as a risk factor for the development of preterm labor.

**Materials and methods.** The research work was carried out at the perinatal center base of Bukhara region in 2022-2023. Retrospective, comparative, analytical studies were carried out in the research work. 149 patients were included in the study, group I - women with preterm labor at 22-36.6 weeks (n=68), group II - healthy women at 37-41 weeks (n=40) organized. Compared with women of group I,

statistically significant differences were found in the formation of AT to ES. ES > 5 level of IgA AT in women with a period of 22-36.6 weeks is considered a risk factor of MOSC. Group I was made up of women with preeclampsia in the period of 22-36.6 weeks (n=68), group II was made up of women with physiological pregnancy in the period of 37-41 weeks (n=40). Criteria for inclusion in group I: 22-36.6 weeks of pregnancy in pregnant women; sudden pregnancy; voluntary consent to participate in research. Exclusion criteria of group I: long-term pregnancy (37 weeks and more), absence of early amniotomy in the period of 22-36.6 weeks of gestational age; pregnancy caused by assisted reproductive technology (IVF) / stimulation of ovulation; refusal to participate in the study. Criteria for inclusion in group II: pregnancy period at the time of blood sampling is 37-41 weeks; Exclusion criteria of group II: pregnancy period at the time of blood sampling is 22-36.6 weeks; pregnancy caused by assisted reproductive technologies (IVF) / ovulation induction; the presence of systemic autoimmune diseases. The average age of women in group I is  $28.9 \pm 5.6$  years; In group II -  $31.5 \pm 5.4$  ( $p=0.048$ ). Weight at the time of blood sampling was  $74.9 \pm 17.7$  kg and  $78.2 \pm 18.1$  kg in the groups, respectively ( $p=0.202$ ). Height in group I -  $1.7 \pm 0.1$  cm; In group II -  $1.6 \pm 0.1$  cm ( $p=0.235$ ). The concentration of ES and PG was determined using the HUMAREADER HS German kit. Using IFA (enzyme immunoassay), AT IgA and IgG to ES and PG were determined. The research was conducted at the base of the laboratory of HARMONIYA DIAGNOSTIKA limited liability company. The results obtained Statistica v. Statistical processing was performed using the 6.0 software package. The character of data distribution was assessed using Shapiro-Wilk's W criterion. The Mann-Whitney test was used when the level of significance was  $p < 0.05$  to compare two independent groups on quantitative markers with non-normal distribution. To assess the difference in relative values, the  $\chi^2$  criterion was used when the significance level was  $p < 0.05$ . If the expected number of events was less than 10 in at least one cell, the  $\chi^2$  criterion was calculated with Yates correction. ROC analysis was performed to determine the threshold values (cut off) of AT levels, and AUC values describing the prognostic significance of indicators were calculated.

**Results and their discussion.** The obtained data of class A and G Ig AT in relation to ES and PG, BP are clearly shown in Figures 1 and 2. ES level of IgA antibodies was statistically significantly higher in women of group I compared to women of group II ( $p=0.002$ ). There was no reliable difference between IgA and PG in the studied groups ( $p=0.766$ ). The number of IgG antibodies to ES was lower in women of group I than in women of group II, but statistically significant differences were not observed ( $p=0.511$ ).

Figure 1 IgA medians in groups I and II



Using ROC analysis, extreme points - the boundary between norm and pathology was determined according to the determined values of AT and hormones in the examined groups. For each marker, the AUC value and the risk of developing CKD at specific levels of AT that do not reach or exceed these cut points were calculated (Table 1).

**Table 1**

Frequency of occurrence of low and high (>) levels of BP, ES and PG of AT in women of group I and II

AT	1 group N 68	2 group N 81	X <sup>2</sup> P	OR 95% CI	AUC
IgA ES ≤5	26/38	55/67,9	11,9	0,3 (0,1.0,6)	0,69
ES ≥5	42/61,8	26/32,1	0,001	3,4 (1,7 : 6,7)	
IgA PG ≤3	35/51,4	39/48,1	0,06	0,9 (0,5: 1,7)	0,52
PG ≥3	33/48,5	42/51,9	0,811	1,1 (0,6: 2,2)	
IgA ES ≤7	24/35,3	33/40,7	0,26	0,8 (0,4: 1,5)	0,54
ES ≥7	44/64,7	48/59,3	0,609	1,3 (0,6 : 2,5)	
IgA PG ≤5	29/42,6	39/48,1	0,26	0,8 (0,4: 1,5)	0,52
PG ≥5	39/57,4	42/51,9	0,613	1,3 (0,7 : 2,4)	

The high level of IgA antibodies ES>5 was statistically significantly higher in group I (61.8%) compared to group II (32.1%) (p<0.001; AUC = 0.69). This means that this indicator is a good classifier, and the OR is 3.4. Having identified higher levels of IgA antibodies to ES, which were found to be more statistically significant in women with HCC, we compared the medians of statistically significant antibodies and their ratios at high threshold values (Table 2).

Table 2. Medians of antibodies with statistically significant upper limit indicators

Group	IgA ES ≤5	IgA ES ≥5
	Me IgA ES	Me IgA ES
1 Group	3,65	6,7
2 Group	3,57	7,8
P	0,731	0,541

At a high ratio of IgA, ES > 5, it can be seen that the median of IgA to ES was smaller in the experimental group (6.7 UE) than in the control group (7.8 UE), but no statistically significant difference was detected between the groups (p=0.541). . Also, at a low ratio of IgA, ES < 5 median IgA to ES in group I (3.65 UE) was not statistically different from group II (3.57 UE; r = 0.731). In this study, it was found that there is a high production of IgA AT in ES in women with preterm delivery. But there was no statistical difference in the presence of antibodies to PG in the groups.

**Conclusion.** Thus, as a result of the study, it was determined that the threshold values of antibodies to ES for premature amniocentesis in women with preterm labor were more than 5 UE of IgA, which is probably due to estrogens in the development of this complication of pregnancy. shows the importance of influence. The detection of antibodies to estrogens can expand the possibilities of predicting premature ejaculation.

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