INTRODUCTION

Several methods of identifying pregnant women who are at risk of pregnancy induced hypertension (PIH) have been proposed. These include the use of angiotensin II pressor response, the roll over test, the isometric hand grip exercise test and the mean arterial pressure test. However, these tests have limitations as screening tools in the clinical setting because of false positive results and the subjective nature of result interpretation (Condeagdelo, 1994).

Proteinuria is usually preceded by reduced uric acid clearance and the use of increasing maternal plasma urate concentration as early renal indication of preeclampsia is under consideration (Sayen et al., 1984).

With the recent development of a new immunochemical dipstick method for detection of microalbuminuria (20-200 ug/ml), it is now possible to detect minimal elevation in albumin excretion that would have gone unnoticed in the past.

Microalbuminuria might be a clinical tool for predicting preeclampsia. Such a connection could allow for an early recognition and treatment of preeclampsia (Vinita Das et al., 1996).

Bar et al. (1996) concluded that severe disease can be predicted by detecting microalbuminuria in the early third trimester at pregnancy in high risk patients.

Misiani et al. (1991) have shown that the level of day-time urinary albumin excretion in normal primigravida is significantly lower when compared with the levels in the postpartum period and that of non-pregnant controls.

They found a progressive increase in urinary albumin excretion from the 28th gestation week which appeared on average 9 weeks prior to PIH. Higby et al. (1994) studied the normal values of urinary albumin and protein excretion during pregnancy in healthy pregnant women by means of 24-hour urine collection. They concluded that no patients have evidence of microalbuminuria defined as 24-hour urine albumin excretion -- 30 mg/L (i.e. 30 ug/ml).

Zuijderhoudt et al. (1989) concluded that a single urine sample could be used instead of 24-hour urine sample to study early kidney involvement. The normal excretion in their patient group was estimated to be 25 mg in 24-hour.

Konstantin et al. (1992) concluded that microalbuminuria can not be used to predict in whom preeclampsia will develop among normal women.

Vinita Das et al. (1996) showed that microalbuminuria is a good predictor of pregnancy induced hypertension by his results of study. However, when used as a single test, the urinary microalbumin concentration was found to be less sensitive in predicting preeclampsia than was in combination with the urinary calcium/creatinine ratio and the authors concluded that the presence of microalbuminuria in combination with low calcium/creatinine ratio may be a more useful screening tool for the development of this disorder (Rodriguez et al., 1988).