microalbuminuria as apredictor of pregnancy induced hypertension

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A review of the world literature highlights the confusionand controversy concerning the terminology, prediction,diagnosis, prevention and management of preeclampsia. Theinvolvement of the kidneys in preeclampsia is one of its moreconsistent features.Proteinuria reflects advanced disease associated withpoorer prognosis than if it is absent. The content of the urinarysediment indicating both glomerular and tubular damage.Microalbuminuria is a well documented component ofpreeclampsia, it is usually an early feature proceeding theonset of proteinuria. Microalbuminuria is also a characteristicof preeclampsia but not of other forms of hypertension inpregnancy.In this study the urinary microalbumin, the urinarycalcium/urinary creatinine ratio were obtained in 4 weeksinterval among 300 nulliparous gravid women at 24-34 weeksof gestation onward. The results were 10 patients developedPIH without microalbuminuria positive (group B) and 40patients developed PIH withmicroalbuminuria positive group(A) and 250 patients still normotensive and microalbuminurianegative (group C) during the period of follow up (group A)from the start show higher level of microalbuminuria (10p.g/ml) in contrast to groups (B & C) (40 p.g/ml). The level wasprogressively increase in group (A), the mean at 28 weeks 20p.g/ml to 50 p.g/ml at 34 weeks in comparison with groups (B &C) still not increasing the urinary calcium/urinary creatinineratio show low level from the start in group (A) and (B) 0.17umol/L and progressively decreasing untill reach 0.07 umol/Lin comparison with group (C) which start elevated 0.32 umol/Land with non-significant decreasing with progression ofgestational age.Also from the study was noted the progressive positivecorrelation between the microalbuminuria and the bloodpressure through the period of follow up and presence of thenegative correlation between the CalCr ratio with the bloodpressure. Also we noted the low birth weight with group (A)2308 gm which is more than group (B) 2805 gm and group (C)3201 gm.The urinary calcium/urinary creatinine ratio show lowlevel from the start in groups (A & B) PIH group as the meanwas 0.17 umol/L and progressively decreasing untill reach0.07 umol/L in comparison with group (C) normotensive groupwhich start elevated 0.32 umol/L and with non-significantdecreasing with progression of gestational age.Also from the study was noted the progressive positivecorrelation between the microalbuminuria and the bloodpressure through the period of follow up and the presence ofnegative correlation between CaiCr ratio and blood pressure,also we noted the low birth weight with group (A) 2308 gmwhich is less than group (B) 2805

gm and group (C) 3201 gm.Also we noted the increase in the mean maternal bodyweight through the period of follow up in group (A) than theother two groups (B & C).Also the accuracy of microalbuminuria as a predictive testwas 60% and when combinedwith Caler ratio was 80%.