

# ASN Renal Week 2009

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**Disclosure Information:**

**Francesca Crovetto, MD**

No, neither I nor my spouse/partner have anything to disclose.

**Barbara Acaia, MD**

No, neither I nor my spouse/partner have anything to disclose.

**Wally Ossola, MD**

No, neither I nor my spouse/partner have anything to disclose.

**Nicolò Borsa, BS**

No, neither I nor my spouse/partner have anything to disclose.

**Antonio Mastrangelo, MD**

No, neither I nor my spouse/partner have anything to disclose.

**Silvana Tedeschi, BS**

No, neither I nor my spouse/partner have anything to disclose.

**Roberta Palla, BS**

No, neither I nor my spouse/partner have anything to disclose.

**Piera Castorina, MD**

No, neither I nor my spouse/partner have anything to disclose.

**Flora Peyvandi, MD**

No, neither I nor my spouse/partner have anything to disclose.

**Massimo Cugno, MD**

No, neither I nor my spouse/partner have anything to disclose.

**Luigi Fedele, MD**

No, neither I nor my spouse/partner have anything to disclose.

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No, neither I nor my spouse/partner have anything to disclose.

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**Keyword 1:** complement

**Keyword 2:** endothelial dysfunction

**Keyword 3:** hemolytic uremic syndrome

**Title:** COMPLEMENT FACTOR H DISREGULATION AND THROMBOTIC MICROANGIOPATHY DURING PREGNANCY

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**Body:** HELLP syndrome (Hemolysis, Elevated Liver enzymes and Low Platelets) is a pregnancy associated thrombotic microangiopathy (TMA). Recently, it has been suggested that some HELLP cases maybe related to complement regulatory dysfunction, among which stands complement factor H (CFH) gene mutation. The present study is aimed to evaluate the prevalence of CFH mutations in a group of 31 women who previously presented with HELLP syndrome (period 2004-2008). Patients' mean age was 34.6+/-4.8 yrs and gestational age was 33 weeks. Following is the population distribution (%) as to HELLP classification (Mississippi -Triple System): I 39 ; II 48; III 13. Acute kidney involvement (defined as an increase in serum creatinine above normal level for pregnancy) was observed in 11 patients (35%). The nadir of the platelet count was 83,000/mm<sup>3</sup> and of LDH level was 1276 IU/L. The molecular genotyping was carried out on 31 patients by direct sequencing of the entire CFH gene. No mutation was found. Based on our results, CFH mutations are not a significant pathogenetic factor in HELLP syndrome and a screening of TMA during pregnancy is not suggested. Other genes responsible for complement dysregulation might be considered.

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