

Cervical length and phosphorylated IGFBP-1 in prediction of preterm birth

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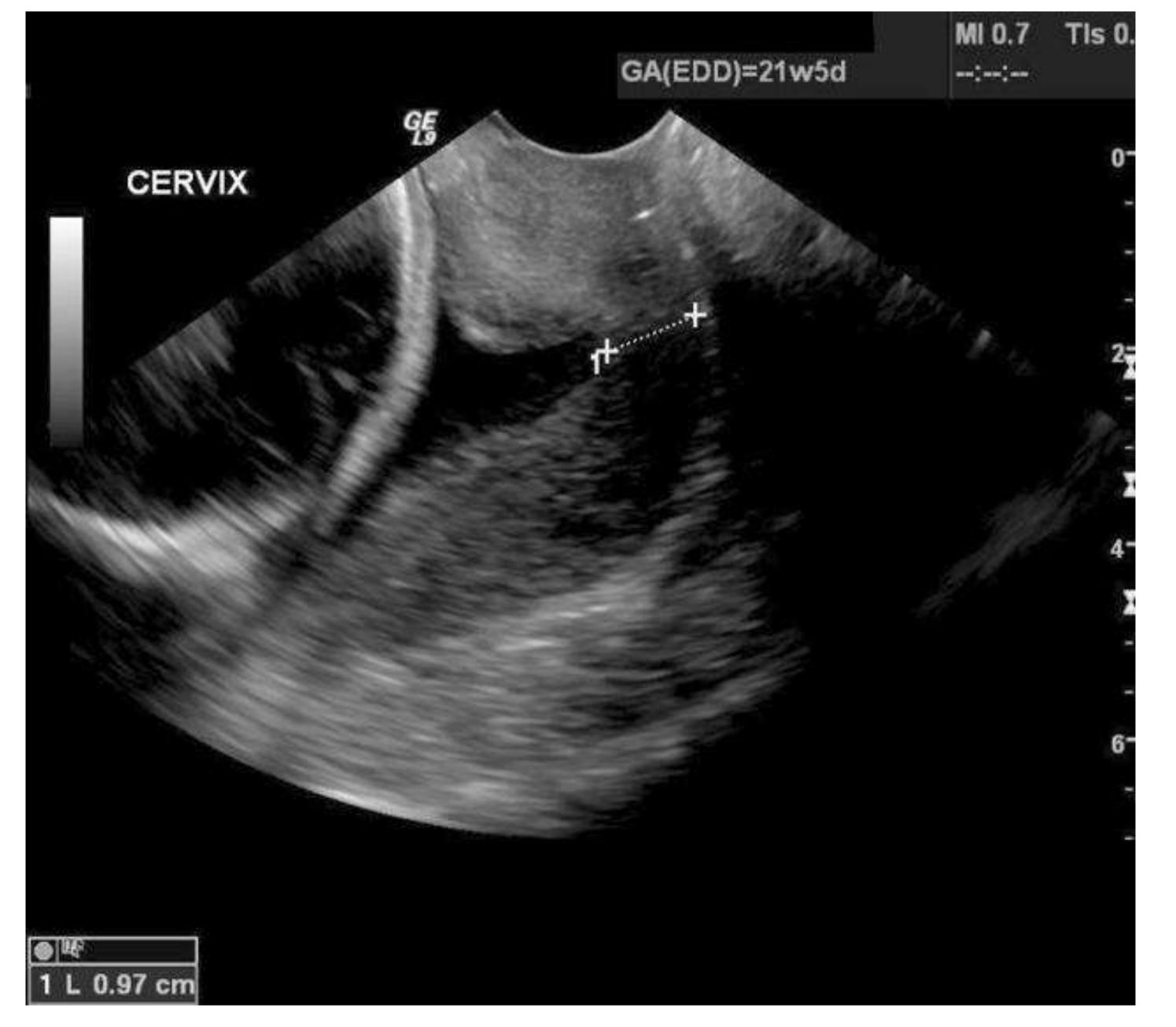
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Objective

37th completed before birth Preterm gestational week is extremely important clinical problem as it produces neonatal mortality and morbidity, as well as many negative short-term and long-term consequences to newborns, especially to the extremely preterm ones. The objective of our study was to determine the relationship between cervical length (CL), phosphorylated insulin-like growth factor binding protein-1 (phIGFBP-1) and spontaneous preterm births.

Results

62.07% of admitted patients (n=36) were delivered within two weeks from admission and our results indicate that the cervical length correlates with a positive phIGFBP-1 test i.e. patients with a positive test had an average cervical length of 18.5±4.63mm, which is significantly lower than patients with a negative test with average CL of 23.43±7.39mm (p=0.003). The odds ratio of preterm births with regards to positive phIGFBP-1 test was OR=3.5 (95% CI).



Methods

ph-IGFBP-1 Table.Test diagnostic performance in predicting PTB AUC-OR area odds under LRratio Test **PPV NPV** LR+ ROC (PTB) curve 75% 54% 2.54 0.42 3.5 Cervical 0.711

The number of recruited patients in a sixmonth-period was 58, with symptoms/complaints/signs suggestive of preterm birth. Consenting women were treated according to usual hospital protocol, with addition of vaginal swabs taken for phIGFBP-1. The outcome measured was the occurrence of preterm birth (PTB) within two weeks.

	length-CL							
	phIGFBP1	75%	54%	1.83	0.52	0.652	3.5	
	Conclusion							
	The	studie	d bic	ochemic	al ma	arker	was	
	successful in moderation in predicting an							
	outcor	ne s	such	as a	prete	erm	birth.	
However, further research is needed to								
	commence common usage of this test in							
	preventing preterm births.							