

Table 1: Patient Characteristics and Labs

Characteristic	Number of women (%)	Missing values
N	51 (100)	
Age		0
15-19	10 (19.6)	
20-24	5 (9.8)	
25-29	12 (23.5)	
30-34	14 (27.5)	
35-39	7 (13.7)	
40-44	3 (5.9)	
Parity Status		17
0	8 (23.5)	
1	11 (32.4)	
2	10 (29.4)	
3	4 (11.8)	
4	1 (2.9)	
Mode of Delivery		12
Vaginal	10 (25.6)	
C-section	29 (74.4)	
Residency Type		7
Metropolitan	34 (79.1)	
Rural	9 (20.9)	
HIV Status		23
Negative	20 (71.4)	
Positive	8 (28.6)	
Anemia Overall	21 (65.6)	19
Mild	2 (9.5)	
Moderate	16 (76.2)	
Severe	2 (14.2)	
Thrombocytopenia Overall	16 (53.3)	21
Mild	10 (62.5)	
Moderate	4 (25)	
Severe	2 (12.5)	

Conclusion(s): PPH occurred in $\approx 1/3$ rd of dying pregnant women and was documented as the direct cause of death in almost all, with more anemia and thrombocytopenia on admission. Difficulties to locate autopsy reports, and the limited availability of tranexamic acid and blood products reveal the need for infrastructural support, prospective studies, and PPH prevention/intervention protocols to effectively reduce maternal mortality in Sub-Saharan Africa.

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PB1509
Antiphosphatidylserine/Prothrombin Antibodies in Obstetric Antiphospholipid Syndrome: A Case-Control Study

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Background: The diagnostic value of antiphosphatidylserine/prothrombin antibodies (aPS/PT) for evaluation of obstetric antiphospholipid syndrome (OAPS) is unclear.

Aims: Evaluating the role of aPS/PT in OAPS.

Methods: A multicentric case-control study including OAPS patients and controls was performed. Lupus anticoagulant (LAC), anticardiolipin antibodies (aCL) IgG/IgM, anti- $\beta 2$ -glycoprotein I antibodies (a $\beta 2$ GPI) IgG/IgM, and aPS/PT IgG/IgM were determined. Positivity rate, interval-specific likelihood ratios (LRs), and age-adjusted odds ratios (ORs) including 95% confidence interval (95%CI) were calculated with additional multivariable logistic regression analyses. Fisher's exact and Mann-Whitney U test were applied ($p < 0.05$ significant). The study was approved by the medical ethics committee.

Results: 84 OAPS patients (without thrombosis) and 426 controls were included. Controls included non-APS women with autoimmune diseases ($n = 137$), routine antiphospholipid antibody testing ($n = 168$), and normal ($n = 98$) or complicated ($n = 23$) pregnancy history. The obstetric history of OAPS patients included prematurity < 34 th week ($n = 5$), ≥ 3 early (< 10 th week) pregnancy losses (PLs) ($n = 56$), ≥ 1 late (≥ 10 th week) PL ($n = 22$), and both early and late PLs ($n = 1$). aPS/PT IgG, IgM, and IgG and/or IgM were positive in 40.5%, 32.1%, and 53.6% of OAPS patients, and in 15.3%, 14.8%, and 25.6% of controls, respectively. ORs were 4.32 (95%CI: 2.54–7.36), 3.37 (95%CI: 1.93–5.89), and 4.22 (95%CI: 2.54–7.00), respectively. ORs for aPS/PT IgG, IgM, or IgG/IgM were not significantly higher than one when adjusting for LAC. Adjusting for aCL and a $\beta 2$ GPI, only aPS/PT IgG remained significantly associated with OAPS (OR 2.04, 95%CI: 1.11–3.75). LRs did not increase with higher positive aPS/PT IgG/IgM values (Table 1). aPS/PT was more prevalent ($p < 0.05$) in patients with early compared to late PLs (39.3% and 86.4%, respectively) and with higher median titers (Figure 1).

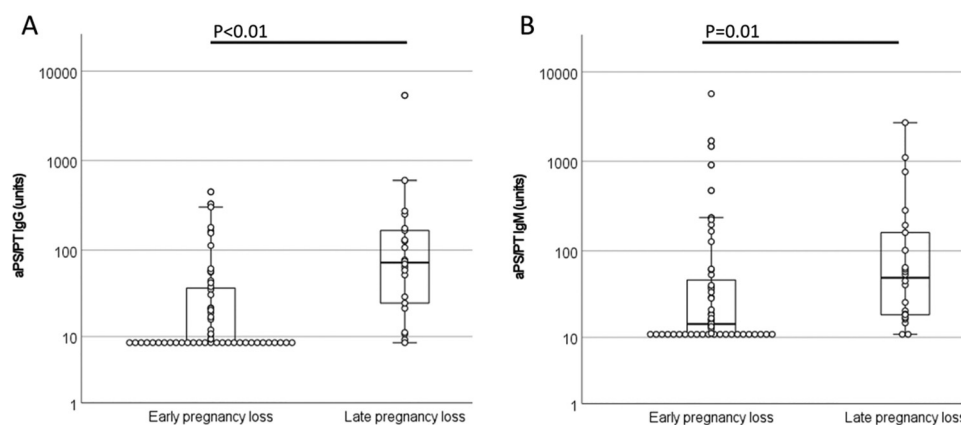


Figure 1: (abstract PB1509): Comparison of aPS/PT IgG (A) and IgM (B) titers between early and late pregnancy losses in OAPS.

Table 1:

Interval-specific likelihood ratios with 95%CI at different aPS/PT titer ranges for OAPS compared to the control population.

Range (units)	OAPS (n=84)	No OAPS (n=426) ^a	Likelihood ratio	95% CI
aPS/PT IgG	<i>n (%)</i>	<i>n (%)</i>		
<30 (cut-off)	50 (59.5)	361 (84.7)	0.702	0.586-0.842
30-60	12 (14.3)	25 (5.9)	2.43	1.27-4.65
60-80	5 (6.0)	19 (4.5)	1.34	0.513-3.48
80-100	0 (0.0)	7 (1.6)	<0.01	<0.01-6.32
100-120	2 (2.4)	2 (0.5)	5.07	0.724-35.5
120-200	7 (8.3)	4 (0.9)	8.88	2.66-29.6
200-500	6 (7.1)	5 (1.2)	6.09	1.90-19.5
>500	2 (2.4)	3 (0.7)	3.38	0.574-19.9
aPS/PT IgM	<i>n (%)</i>	<i>n (%)</i>		
<42 (cut-off)	57 (67.9)	363 (85.2)	0.796	0.684-0.927
42-60	4 (4.8)	16 (3.8)	1.27	0.435-3.70
60-80	4 (4.8)	18 (4.2)	1.13	0.391-3.25
80-100	1 (1.2)	8 (1.9)	0.634	0.080-5.00
100-120	1 (1.2)	1 (0.2)	5.07	0.320-80.3
120-200	5 (6.0)	6 (1.4)	4.23	1.32-13.5
200-500	5 (6.0)	8 (1.9)	3.17	1.06-9.45
>500	7 (8.3)	6 (1.4)	5.92	2.04-17.2

Abbreviations: aPS/PT, antiphosphatidylserine/prothrombin antibodies; CI, confidence interval; OAPS, obstetric antiphospholipid syndrome.

Conclusion(s): aPS/PT IgG and IgM were associated with OAPS diagnosis, but without added value compared to LAC. Higher aPS/PT titers and positivity rate was found in OAPS patients with late PL.

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PB1510

Circulating Extracellular Vesicles and Neutrophil Extracellular Traps Contribute to Endothelial Dysfunction in Pregnant Women with Preeclampsia

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Background: Preeclampsia (PE) is a pregnancy pathology characterized by hypertension, proteinuria, endothelial dysfunction, and complement dysregulation. Recent studies demonstrated that placenta-derived extracellular vesicles (pdEVs), necessary in maternal-fetal communication, might contribute to PE pathogenesis. Moreover, neutrophil extracellular traps (NETs)