PLASMAPHERESIS IN OBSTETRICS AND GYNECOLOGY

PLASMAPHERESIS IN GESTOSIS OF PREGNANCY

Plasmapheresis procedure (PA) is used for integral treatment of gestosis, where it allows to:

- normalize microcirculation and rheology of blood
- remove from blood medium molecular toxins, immune and fibrin-monomer complexes, erythropoiesis inhibitors
- stimulate antithrombin activity, fibrinolysis
- normalize the permeability of basal membrane of kidney glomerules and thus reduce proteinuria and normalize the proteinogram
- prolong pregnancy
- prepare for the delivery
- remove polyorgan disorders
- prevent the development of severe gestosis

<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>CONTRAINDICATIONS</th>
<th>CRITERIA OF EFFICIENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of effect from the performed therapy</td>
<td>Absolute:</td>
<td>✓ Normalization of hemodynamic indicators</td>
</tr>
<tr>
<td>Recurrence of clinical symptoms of gestosis</td>
<td>Marked organic changes on the part of the cardiovascular and nervous systems</td>
<td>✓ Reduction of edemas</td>
</tr>
<tr>
<td>Extragenital pathology (hipertonic disease, diseases of liver, kidneys and others)</td>
<td>Anemia (Hb &lt; 90 g/l)</td>
<td>✓ Normalization of the level of total protein and albumin in the plasma of the blood</td>
</tr>
<tr>
<td>Lipid metabolism disorders</td>
<td>Hypoproteinemia (level of total protein &lt; 60 g/l)</td>
<td>✓ Absence of proteinuria</td>
</tr>
<tr>
<td>Autoimmune disturbances (AFS, anti-HG and others)</td>
<td>Thrombocytopenia (thrombocytes &lt; 100 x 10⁹ /l)</td>
<td></td>
</tr>
<tr>
<td>Long-existing infectious pathology in anamnesis</td>
<td>Hypocoagulation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Threat of miscarriage or premature delivery</td>
<td></td>
</tr>
</tbody>
</table>

Relative:

- Absence of venous access
- Phlebitis of peripheral veins in the phase of exacerbation
- Allergic reactions to anticoagulants, colloidal and protein preparations

CRITERIA OF EFFICIENCY:

- ✓ Normalization of hemodynamic indicators
- ✓ Reduction of edemas
- ✓ Normalization of the level of total protein and albumin in the plasma of the blood
- ✓ Absence of proteinuria

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PLASMAPHERESIS

IN INTEGRAL TREATMENT OF GENITAL INFECTIONS

Plasmapheresis is included in the integral treatment of women with chronic colpitis, cervicitis, salpingo-oophoritis, and endometritis, caused by a long persistence of genital bacterial-viral infection (chlamidias, virus of genital herpes, citomegalovirus, staphilococcus and others.).

PA procedure is used in order to:

- improve the general condition of the female patient
- lessen the manifestations of the pain syndrome
- reduce the frequency of exacerbation of the inflammatory process
- eliminate toxic substances
- raise the blocking of the natural systems of detoxication (liver and kidneys)
- to improve rheological characteristics of blood, the microcirculation of the organs of small pelvis
- reduce the general peripheral resistance of the vessels
- remove the chronic DVS-syndrome
- eliminate the raised level of circulating immune complexes (CIC)
- correct the content of immunocompetent cells
- increase the sensitivity to endogen and medicinal substances
- increase the frequency of advent and gestation of pregnancy

INDICATIONS

- Inefficacy of the conventional medicinal therapy (presence of pain syndrome, profuse whites, quick tiredness, malaise, petulance, sleep disorders, fragility of the nails and hair, disturbance of the reproductive function: sterility, incompetent pregnancy)
- Frequent (more than twice a year) exacerbations of the inflammatory process of the genital organs
- Hypercoagulation syndrome as per hemostasiograms
- Presence of signs of intoxication (both at clinical and laboratory examination – index of intoxication, level of medium molecules)
- Reduction of the values of immune status of the immunogram, increase of the level of CIC and antispermal antibodies
- Intolerance to antibacterial and other medicinal remedies
- Presence of concomitant inflammatory diseases of other localization (tonsillitis, bronchitis, cholecistitis, pielonephritis and others)
- Individual marked reaction to effusion of blood.

CONTRAINDICATIONS

Absolute:
- Marked organic changes on the part of the cardiovascular and nervous systems
- Anemia (Hb < 90 g/l)
- Hypoproteinemia (level of total protein < 60 g/l)
- Thrombocytopenia (thrombocytes < 100 x 10⁹ /l)
- Hypocoagulation

Relative:
- Absence of venous access
- Phlebitis of peripheral veins in the phase of exacerbation
- Allergic reactions to anticoagulants, colloidal and protein preparations
- Intolerance to antibacterial and other medicinal remedies
- Presence of concomitant inflammatory diseases of other localization (tonsillitis, bronchitis, cholecistitis, pielonephritis and others)
- Individual marked reaction to effusion of blood.

CRITERIA OF EFFICIENCY

- Reduction of the pain factor in small pelvis
- Improvement of the general state and psycho-emotional condition
- Normalization of the menstrual and sexual functions
- Absence of exacerbations and conservation of ability to work for a year
- Absence of signs of intoxication (as at clinical and laboratory examination)
- Achievement of clinic-laboratory remission of viral and bacterial infection
- Improvement of functions of the natural systems of detoxication
- Reduction and removing from circulatory bed of the increased content of immune complexes antigen-antibody
- Advent and gestation of pregnancy

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**PLASMAPHERESIS IN OBSTETRICS AND GYNECOLOGY**

**PLASMAPHERESIS IN SYNDROME OF HYPERSTIMULATION OF OVARIES**

Plasmapheresis (PA) is used in integral treatment of mean and severe forms of the syndrome of hyperstimulation of ovaries, which develops in patients with sterility when performing a program of extracorporeal fertilization intended for treatment of general edematous syndrome, DVS-syndrome, detoxication and hemoconcentration.

**INDICATIONS**

- Syndrome of hyperstimulation of ovaries of medium and severe degree
- Enlargement of the circumference of the uterus and of the size of the ovaries
- Pronounced edematous syndrome, presence of ascitis and hydrothorax
- Hypercoagulation, hemoconcentration
- Intoxication (nausea, vomiting, diarrhea and others)

**CONTRAINDICATIONS**

- **Absolute:**
  - Marked organic changes on the part of the cardiovascular and nervous systems
  - Anemia (Hb < 90 g/l)
  - Hypoproteinemia (level of total protein < 60 g/l)
  - Hypocoagulation
- **Relative:**
  - Absence of venous access
  - Phlebitis of peripheral veins in the phase of exacerbation
  - Allergic reactions to anticoagulants, colloidal and protein preparations

**CRITERIA OF EFFICIENCY**

- Improvement of clinic-laboratory indicators
- Normalization of indicators of the hemostasiogram
- Reduction or disappearance of phenomena of intoxication
- Disappearance of the general edematous syndrome, reduction of the amount of ascitic liquid
- Reduction of the size of the ovaries, disappearance of the pain syndrome

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# PLASMAPHERESIS IN OBSTETRICS AND GYNECOLOGY

## PLASMAPHERESIS

**IN INTEGRAL TREATMENT OF CHRONIC RECURRENT SALPINGO-OOPHORITIS**

Plasmapheresis (PA) is utilized in integral treatment of patients with chronic salpingo-oophoritis (CSO) suffering sterility, in order to:

- reduce the manifestations of the pain syndrome
- lessen the frequency of exacerbations of CSO
- improve the psycho-emotional status of the female patient
- eliminate toxic substances
- raise the blocking of the natural systems of detoxication
- reduce blood viscosity
- improve the microcirculation of blood of the organs of pelvis minor
- reduce the general peripheral resistance of the vessels
- eliminate chronic DVS-syndrome
- reduce the level of endotoxins (medium molecules), circulating immune complexes (CIC)
- increase the sensibility to endogen and medicinal substances
- increase the frequency of advent of pregnancy

## INDICATIONS

- Inefficacy of conventional medicinal therapy (presence of the pain syndrome, profuse whites, quick tiredness, malaise, petulance, sleep disorder, fragility of nails and hair, reproductive function disorder)
- Frequent (more than twice a year) exacerbation of the inflammatory process of the uterine appendages
- Presence of signs of intoxication (as at clinical and laboratory examination)
- Intolerance to antibacterial and other medicinal remedies
- Combination of chronic inflammatory diseases of the genital organs with viral infection
- Presence of concomitant inflammatory diseases of other localization

## CONTRAINDICATIONS

- Absolute:
  - Marked organic changes on the part of the cardiovascular system
  - Anemia (Hb < 90 g/l)
  - Febrile condition
  - Hypocoagulation
- Relative:
  - Absence of venous access
  - Phlebitis of peripheral veins in the phase of exacerbation
  - Allergic reactions to anticoagulants, colloidal and protein preparations

## CRITERIA OF EFFICIENCY

- ✔ Improvement of the general condition
- ✔ Improvement of clinic-laboratory indicators
- ✔ Reduction of the frequency of exacerbations, reduction of the pain syndrome
- ✔ Elimination of the chronic DVS-syndrome
- ✔ Recovery of the reproductive function of women

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PLASMAPHERESIS IN OBSTETRICS AND GYNECOLOGY

PLASMAPHERESIS IN COMBINATION WITH ULTRAVIOLET IRRADIATION OF BLOOD IN WOMEN WITH CHRONIC INFLAMMATORY DISEASES OF THE UTERUS AND APPENDAGES

In patients with chronic recurrent salpingo-oophoritis and (or) endometritis is effective a combined using of plasmapheresis and ultraviolet irradiation of blood.

<table>
<thead>
<tr>
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<tr>
<td>Inefficacy of conventional medicinal therapy (presence of the pain syndrome, ample whites, quick tiredness, malaise, petulance, sleep disorder, fragility of the nails and hair, reproductive function disorder)</td>
<td><strong>Absolute:</strong></td>
<td>✓ Disappearance of the pain factor</td>
</tr>
<tr>
<td>Frequent (more than twice a year) exacerbations of the inflammatory process of the uterine appendages</td>
<td></td>
<td>✓ Improvement of the general and psycho-emotional condition</td>
</tr>
<tr>
<td>Presence of signs of intoxication (as at clinical and laboratory examination)</td>
<td><strong>Relative:</strong></td>
<td>✓ Normalization of the menstrual and sexual functions</td>
</tr>
<tr>
<td>Intolerance to antibacterial and other medicinal remedies</td>
<td></td>
<td>✓ Absence of exacerbations and conservation of ability to work for a year</td>
</tr>
<tr>
<td>Combination of chronic inflammatory diseases of genital organs with viral infection</td>
<td></td>
<td>✓ Absence of signs of intoxication (as at clinical and laboratory examination)</td>
</tr>
<tr>
<td>Presence of associated inflammatory diseases of other localizations</td>
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# PLASMAPHERESIS IN OBSTETRICS AND GYNECOLOGY

## PLASMAPHERESIS IN CLIMACTERIC SYNDROME

<table>
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<tbody>
<tr>
<td>Sympathoadrenal crisis (increase of arterial pressure, change of the frequency of heart contractions, retching, polyuria)</td>
<td>Absolute: Marked organic changes on the part of the cardiovascular and nervous systems</td>
<td>✓ Improvement of clinic-laboratory indicators</td>
</tr>
<tr>
<td>Presence of “rushes”, sleep disorders, petulance, tearfulness, weakness, sweatiness, skin itch</td>
<td>➢ Anemia (Hb &lt; 90 g/l)</td>
<td>✓ Reduction or disappearance of the frequency and intensity of sympathoadrenal crisis</td>
</tr>
<tr>
<td>Pronounced edematous syndrome</td>
<td>➢ Hypoproteinemia (level of total protein &lt; 60 g/l)</td>
<td>✓ Reduction or disappearance of the frequency and intensity of “rushes”, weakness, petulance, tearfulness, sweatiness, skin itch</td>
</tr>
<tr>
<td>Splitting headaches</td>
<td>➢ Hypocoagulation</td>
<td>✓ Disappearance of edematous syndrome</td>
</tr>
<tr>
<td>Contraindications for prescribing substitutive hormonal therapy</td>
<td>➢ Absence of venous access</td>
<td>✓ Reduction of intensity and disappearance of headaches</td>
</tr>
<tr>
<td>Presence of concomitant somatic diseases (IHD, hyperpension disease, bronchial asthma, sugar diabetes, metabolic syndrome and others.)</td>
<td>➢ Allergic reactions to anticoagulants, colloidal and protein preparations</td>
<td>✓ Improvement of the sleep and mood</td>
</tr>
<tr>
<td>Polyvalent form of allergy</td>
<td></td>
<td></td>
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<tr>
<td>PLASMAPHERESIS IN PREMENSTRUAL SYNDROME</td>
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<tr>
<td>➢ Sympathoadrenal crisis (increase of arterial pressure, change of the frequency of heart contractions, retching, polyuria)</td>
<td><strong>Absolute:</strong> ➢ Marked organic changes on the part of the cardiovascular and nervous systems</td>
<td>✓ Improvement of clinic-laboratory indicators</td>
</tr>
<tr>
<td>➢ Pronounced edematous syndrome</td>
<td>➢ Anemia (Hb &lt; 90 g/l)</td>
<td>✓ Reduction or disappearance of the frequency and intensity of sympathoadrenal crisis</td>
</tr>
<tr>
<td>➢ Roughening of the mammary glands</td>
<td>➢ Hypoproteinemia (level of total protein &lt; 60 g/l)</td>
<td>✓ Disappearance of edematous syndrome</td>
</tr>
<tr>
<td>➢ Splitting headaches</td>
<td>➢ Hypocoagulation</td>
<td>✓ Reduction of intensity and disappearance of the roughening of the mammary glands</td>
</tr>
<tr>
<td>➢ Breach of sleep</td>
<td><strong>Relative:</strong> ➢ Absence of venous access</td>
<td>✓ Reduction of intensity and disappearance of headaches</td>
</tr>
<tr>
<td>➢ Petulance</td>
<td>➢ Phlebitis of peripheral veins in the phase of exacerbation</td>
<td>✓ Improvement of the sleep and mood, reduction of sweatiness, skin itch</td>
</tr>
<tr>
<td>➢ Weakness</td>
<td>➢ Allergic reactions to anticoagulants, colloidal and protein preparations</td>
<td></td>
</tr>
<tr>
<td>➢ Sweatiness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Skin itch</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### PLASMAPOPHRESIS IN THE THERAPY OF HABITUAL INCOMPETENT PREGNANCY

Plasmapheresis (PA) is used in integral treatment of habitual incompetent pregnancy as a means intended to:

- Normalize the microcirculation and rheology of blood
- Remove from blood medium molecular toxins, immune and fibrin-monomer complexes, inhibitors of erythropoiesis
- Stimulate antithrombin activity, fibrinolysis
- Normalize blood circulation in the system mother – placenta – fetus
- Prolong pregnancy
- Prepare for delivery
- Remove polyorgan disorders
- Prevent development of severe placentary insufficiency and hypotrophy of the fetus

### INDICATIONS

- Autoimmune disturbances (AFS, anti-HG and others)
- Hypercoagulation syndrome, chronic DVS
- Absence of effect from the therapy
- Carrier of VPG, CMV infections
- Long-existing infectious pathology in anamnesis

### CONTRAINDICATIONS

**Absolute:**

- Marked organic changes on the part of the cardiovascular and nervous systems
- Anemia (Hb < 90 g/l)
- Hypoproteinemia (level of total protein < 60 g/l)
- Thrombocytopenia (thrombocytes < 100 x 10^9/l)
- Hypocoagulation
- Threat of miscarriage or premature delivery

**Relative:**

- Absence of venous access
- Phlebitis of peripheral veins in the phase of exacerbation
- Allergic reactions to anticoagulants, colloidal and protein preparations

### CRITERIA OF EFFICIENCY

- ✔ Normalization of hemodynamic indicators
- ✔ Normalization of indicators of hemostasiogram
- ✔ Reduction of the level of antiphospholipids
- ✔ Normalization or improvement of indicators of fetoplacental blood flow
- ✔ Normalization or improvement of intrauterine condition of the fetus

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# PLASMAPHERESIS IN OBSTETRICS AND GYNECOLOGY

## PLASMAPHERESIS IN PREPARATION OF PATIENTS WITH TUBAL-PERITONEAL STERILITY FOR THE PROGRAM OF EXTRACORPOREAL FERTILIZATION (ECF) AND TRANSFER OF THE EMBRYO INTO THE UTERINE CAVITY (TE)

The inclusion of plasmapheresis (PA) in the integral preparation of women with tubal-peritoneal sterility for ECF and TE allows to:

1. **Raise the efficiency of the program and reduce the frequency of complications during its performing**
2. **Normalize the microcirculation and rheology of blood before applying the program and reduce the activating influence of steroid hormones on the system of blood coagulation in the process of stimulating the superovulation**
3. **To increase the stability of the vascular endothelium to the factors intensifying its permeability**
4. **Reduce the level of endointoxication**
5. **Remove from blood pathological immune complexes, antiphospholipid antibodies (APhA), antibodies to chorionic gonadotropin (anti-ChG) and others**
6. **Ensure the treatment and prevention of herpetic (VPH) and cytomegaloviral (CMV) infection**
7. **Reduce the medication load on the organism**
8. **Increase the frequency of advent of pregnancy**
9. **Reduce the frequency of incidence of the syndrome of hyperstimulation of the ovaries and of incompetent pregnancy**

### INDICATIONS

- Inefficient attempts of performing ECF and TE
- Syndrome of hyperstimulation of the ovaries of medium and severe degree in anamnesis
- Incompetent pregnancy in anamnesis
- Hypercoagulation, chronic DVS-syndrome
- Autoimmune disorders (APhA, anti-ChG and others)
- Activation and carrying of VPH and CMV

### CONTRAINDICATIONS

**Absolute:**
- Pronounced organic changes on the part of the cardiovascular and nervous systems
- Anemia (Hb < 90 g/l)
- Hypoproteinemia (level of total protein < 60 g/l)
- Thrombocytopenia (thrombocytes < 100 x 10⁹ /l)
- Hypoproagulation
- Hypotension impossible to be corrected with infusion therapy

**Relative:**
- Absence of venous access
- Phlebitis of peripheral veins in the phase of exacerbation
- Allergic reactions to anticoagulants, colloidal and protein preparations

### CRITERIA OF EFFICIENCY

- Normalization of the factors of hemostasiogram before ECF and TE and during the conducting of stimulation of superovulation
- Elimination of AFA, anti-HG and others
- Achievement of clinic-laboratory remission of VPH and CMV infections
- Approaching to pregnancy under the program of ECF and TE

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## PLASMAPHERESIS IN OBSTETRICS AND GYNECOLOGY

### PLASMAPHERESIS IN THE TREATMENT OF CHOLESTATIC HEPATOSIS OF THE PREGNANT

Plasmapheresis (PA) is an efficient and safe method of treatment of intrahepatic cholestasis of the pregnant (late hepatosis of the pregnant, benign jaundice of the pregnant).

PA is administered in order to ensure:

- detoxication
- immune and rheocorrection of blood
- prolongation of pregnancy
- improvement of the state of the fetus

### INDICATIONS

- Increase of the content of AcAt, AlAt, AlcF, bilirubin in the plasma of blood
- Jaundice
- Skin itch
- Fetoplacental insufficiency

### CONTRAINDICATIONS

#### Absolute:

- Marked organic changes on the part of the cardiovascular and nervous systems
- Anemia (Hb < 80 g/l)
- Hypoproteinemia (level of total protein < 60 g/l)
- Thrombocytopenia (thrombocytes < 100 x 10⁹ /l)
- Hypocoagulation
- Threat of miscarriage or premature delivery

#### Relative:

- Absence of venous access
- Phlebitis of peripheral veins in the phase of exacerbation
- Allergic reactions to anticoagulants, colloidal and protein preparations

### CRITERIA OF EFFICIENCY

- Normalization of clinic-laboratory factors
- Cessation of the itch
- Disappearance of the jaundice
- Prolongation of the pregnancy

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**Plasmapheresis in Obstetric Sepsis**

Plasmapheresis in obstetric sepsis may be performed on early stages of the pathological process (1-2 days since the moment of its manifestation) in case of absence in the patients of polyorgan failure.

PA is used for:

- recovering hemodynamic factors in septic shock
- eliminating disorders of hemocoagulation (DVS-syndrome)
- preparing for sanative operative intervention in order to reduce intraoperative blood loss
- normalizing the factors of proteinase-inhibitor balance of plasma
- removing from circulation shock metabolites and products of degradation of fibrin
- administrating of balanced donor components of quick-frozen plasma
- preventing polyorgan insufficiency

### Indications
- Continuous active intraabdominal bleeding
- Respiratory distress-syndrome of adults
- Acute renal failure

### Contraindications
- Normalization of hemocoagulation factors
- Normalization of hemodynamics, or reduction of the dosage of xenotropic preparations
- Absence of formation of polyorgan insufficiency

### Criteria of Efficiency
**PLASMAPHERESIS IN OBSTETRICS AND GYNECOLOGY**

**AUTODONOR PLASMAPHERESIS IN PREPARING FOR A PLANNED CAESAREAN SECTION**

Autodonor plasmapheresis is used for stocking up autoplasma to provide compensation of blood losses in a planned abdominal delivery.

Herewith decreases the risk of transmissive diseases and other postinfusion complications, occurs the compensation of the factors of blood coagulation and anticoagulation systems during operative intervention.

<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>CONTRAINDICATIONS</th>
<th>CRITERIA OF EFFICIENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ The third semester of pregnancy in preparing for a planned caesarean section</td>
<td>➢ Presence of gestosis in a medium and grave form</td>
<td>✓ Stable condition of the pregnant when performing autodonor plasmapheresis</td>
</tr>
<tr>
<td></td>
<td>➢ Innate and gained disorders of hemostasis</td>
<td>✓ Absence of increased bleedings during the operation and in the postoperative period</td>
</tr>
<tr>
<td></td>
<td>➢ Severe neurological, vascular or cardiac pathology</td>
<td>✓ Absence of posttransfusion complications</td>
</tr>
<tr>
<td></td>
<td>➢ Endocrinologic pathology in substitutive therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Septic process</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Anemia (at Hb below 100 g/l)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Weight below 55 kg before pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

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PLASMAPHERESIS IN OBSTETRICS AND GYNECOLOGY

**PLASMAPHERESIS IN RHESUS CONFLICTS DURING PREGNANCY**

Plasmapheresis (PA) is performed in order to reduce to a safe level the subtitre of Rh-antibodies in a pregnant.

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>➢ Presence and growth of the level of antibodies during pregnancy</td>
<td>➢ Acute respiratory infections</td>
<td>✓ Reduction of Rh-antibodies to the level of below 1: 16.</td>
</tr>
<tr>
<td>➢ Presence of Rh-antibodies in the period of preparation for pregnancy, particularly in cases of Rh conflicts under the preceding pregnancy</td>
<td>➢ Threat of miscarriage or premature delivery</td>
<td></td>
</tr>
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