

**SERUM URIC ACID IN HYPERTENSIVE PREGNANCIES****H. R. Seneviratne and Eric H. Karunanayake***(Dept. of Gynaecology & Obstetrics and Dept. of Biochemistry,  
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Impaired fetal growth, leading to intra-uterine fetal death and to the birth of small for dates babies is a major problem in Sri Lanka. A large proportion of these are considered to be due to hypertension. Regular estimation of oestrogen and HPL levels are the accepted biochemical indices in the management of these pregnancies.

However, the high costs of these tests and the need for highly trained technicians to carry out such investigations have impaired the establishment of regular service in Sri Lanka. Even in more advanced countries, these limiting factors have led to the search for other more simple, reproducible and less costly investigations.

The estimation of serum uric acid seems to fit the above requirements satisfactorily.<sup>2,3</sup> To establish how well this test could be utilized for monitoring the fetal well-being in Sri Lanka, a preliminary study, of serum uric acid levels in non-hypertensive (115 cases) and hypertensive (50 cases) pregnant women was carried out. The uric acid in serum was estimated by the method of Caraway.<sup>1</sup>

## SECTION A

The mean serum uric acid (SUA) level in non-hypertensive mid-pregnancy (21 - 30 weeks) was 196.3  $\mu$  moles/l, and in late pregnancy (31 - 40 weeks) was 245.5  $\mu$  moles/l. In contrast, for the hypertensive group, the mean SUA levels in mid-pregnancy (21 - 30 weeks) was 270.2  $\mu$  moles/l, and in late pregnancy (31 - 40 weeks) was 316.2  $\mu$  moles/l. These preliminary results indicate that there is a significant difference in the SUA levels between non-hypertensive and hypertensive pregnancies.

### *References*

1. Caraway, W. T. (1955), *Amer. J. Clin. Path.*, **25**, 840.
2. Redman, C. W. G., *et al.*, (1976), *Lancet*, 1370-1373.
3. Varma, T. R. (1982), *Int. J. Gynaecol. Obstet.*, **20**, 401-408.