

Objet : 12th Congress of the EHA: Confirmation of abstract submission



12TH CONGRESS
JUNE 7 - 10, 2007
VIENNA

Dear Dr. BIRON-ANDREANI,

Thank you for submitting your abstract for the 12th Congress of the EHA. This e-mail is a confirmation of your abstract submission. Please find an overview of your submitted data below. In case of any questions, please contact the congress organizer by e-mail: eha@eurocongres.com

With kind regards,

Eurocongres Conference Management
EHA Congress Organization
Jan van Goyenkade 11
NL-1075 HP Amsterdam
The Netherlands

You have submitted the following data:

Abstract internet id 1762

Abstract title	FACTOR V LEIDEN HOMOZYGOUS GENOTYPE IS ASSOCIATED WITH LATE PREGNANCY LOSS IN THE PROCARE-GEHT COHORT
Author	BIRON-ANDREANI, Christine , Laboratoire d'hematologie CHU Saint-Eloi, MONTPELLIER , France
Co-author(s)	Gruel, Y. , CHRU, Tours, France Delahousse, B. , CHRU, Tours, France Aillaud, M-F. , Hopital LA Timone, Marseille, France Juhan, I , Hopital La Timone, Marseille, France Le Cam - Duchez, V. , Hopital C. Nicolle, Rouen, France Saladin - Theron, C. , CH, Le Havre, France Borg, J.Y. , Hopital C. Nicolle, Rouen, France Bauters, A. , CHRU, Lille, France Jude, B. , CHRU, Lille, France Dutrillaux, F. , Hopital Le bocage, Dijon, France Vollot, F. , Hopital Le bocage, Dijon, France Lorenzini, J-L. , Hopital Le bocage, Dijon, France Lequerrec, A. , CHRU, Caen, France Boinot, C. , CHU, Poitiers, France Schved, J-F. , CHU, Montpellier, France

Morange, P.E. , Hopital La Timone, Marseille, France

Topic 33. Thrombosis

Keywords Factor V Leiden

Pregnancy

Presentation Preference No preference

Abstract text

Background: A role for inherited maternal thrombophilia in the occurrence of pregnancy loss has been suggested by prevalence studies. However, limited data are available about the impact of the Factor V Leiden (FVL) homozygous genotype on early and late foetal losses.

Objectives: We performed a retrospective multicentre study to evaluate the relationship between FVL homozygous genotype and foetal loss.

Aims: The obstetrical history of 133 women homozygous for the FVL, included in the PROCARE-GEHT cohort, and who had initiated at least one pregnancy was carefully recorded. The frequencies of early (first trimester) and late (second/third trimester) foetal losses were analysed. All data obtained were compared with those obtained in 256 women heterozygous for the FVL recruited in Marseille centre and who also had been pregnant at least once.

Results: 306 pregnancies were initiated in the 133 FVL homozygous women vs. 686 in the heterozygous patients. One late foetal loss occurred more frequently in homozygous FVL women than in heterozygotes (17/306 (6%) vs. 6/686 (1%); OR = 6.7, 95% CI 2.6-17.1; $p < 0.001$). On the other hand, the rate of early foetal loss i.e. occurring in the first trimester of pregnancy, was similar in both groups of women (38/306 (12%) vs. 73/686 (11%); OR = 1.2, 95% CI 0.78-1.80; $p = 0.41$).

Summary/Conclusion: The observed rates of foetal losses were similar with those previously reported¹. This study supports that the homozygous status for the FVL increases the risk of foetal loss in the second-third trimesters of pregnancy. Therefore, further studies are mandatory to evaluate whether a specific monitoring of these women is useful together with anticoagulant prophylaxis.

1 De Stefano V et al. Inherited thrombophilia and obstetric complications. *Haematologica* 2005; 1: 18-21

Email: c-biron@chu-montpellier.fr