

circular lesion, which are arranged in circular or radial arrangement. Accordingly all the women who have accepted to participate in the study were allocated either to the study group (N=42) which include those women in whom hard exudate was detected and confirmed at 28-30 weeks of gestation while they are normotensive.

While the control group (N=46) included normotensive women in whom hard exudate in the retina was absent as assessed by the dual examination. In addition to the above-mentioned screening test, rollover test and serum creatinine samples were assessed for each woman after being assigned to the group mentioned above. The aim is to find any correlation between the presence of hard exudate in the eye and positive roll over test and elevated serum uric acid. After assigning the women to their groups, they were followed up to delivery with the same way.

Those women in whom hypertension did not develop, where secluded to have spontaneous vaginal delivery unless guided by other obstetrical indication like cephalopelvic disproportion or malpresentation, in such cases elective cesarean section was done. Those women in whom hypertension and/ or preeclampsia has developed, were further assessed for the severity of hypertension and the fetal well being test. Those women with preeclampsia has developed in the absence of IUGR, were scheduled for planned delivery at 36 weeks of gestation. While those women with preeclampsia and IUGR, were scheduled to have planned delivery at 34 weeks of gestation or even earlier as guided by the

severity of hypertension or the fetal well being tests.

The following parameters were recorded and expressed for each woman in the study, hypertension, preeclampsia, IUGR, oligohydramnios, placental abruption, development of late and variable intrapartum deceleration, number of cesarean sections for fetal distress, Apgar score at 1-5 minutes and the number of infants with neonatal jaundice. Unfortunately Doppler indices and fetal pH estimation could not be collected from all the patients, so skipped from the results. Tanner Thompson's standards were used to assess fetal birth weight percentile.

3. Statistical analysis

The results were expressed as mean and standard deviation for the continuous data and number and percent for the discrete data. Student t test was used to compare the continuous data while Chi square test was used to compare the numerical data. P values less than 0.05 were considered as significant.

Results

After the analysis of the data, the following tables were constructed to show the results and their statistical comparisons. In table number one the overall epidemiological characteristics were presented for both study and control groups. It is interesting to note that the only significant difference between the study group and control groups at 28 weeks of gestation was the significantly higher mean serum uric acid and number of women with positive rollover test.

Table 1: Shows the overall epidemiological characteristics among both study groups

Characteristics	Study group (N=42)	Control group (N=46)	P-value
No. of women who's age is less than 20 years	6 (14.28%)	3 (6.52%)	NS
No. of women who's age is between 20-30 years	33 (78.57%)	41 (89.13%)	NS
No. of women who's age is more than 30 years	3 (7.14%)	2 (4.34%)	NS
Mean age	23.19±4.41	24.19±3.78	NS
Mean systolic blood pressure at 28 weeks of gestation	111.66±14.51	109.35±14.49	NS
Mean diastolic blood pressure at 28 weeks of gestation	63.78±7.22	62.06±7.19	NS
Mean serum uric acid at 28 weeks of gestation	3.77±0.47	1.72±0.68	<0.05
No. of women with positive rollover test	24 (57.14%)	3 (6.52%)	<0.05

NS = Not significant statistically