period 1965~1983. In Hokkaido and Tohoku, the maximum ratio is seen April~June, the minimum in November. In Tokkai, Tokushima, Kohchi, Miyazaki and Kagoshima, the maximum ratio is seen July~September, the minimum in March. There existed no particular patterns dependant on residential area, festival occurrence, or status as displaced workers. As for the overall Japanese average, the maximum ratio is seen in January (1.226~1.469) to 1970; while from 1971, it is seen July to September (1.035~1.076). The minimum ratio is seen in June (0.838~0.961) to 1970, from 1971 it is seen in November (0.890~0.961).

However, in the last five years (1978~83), the maximum is clearly seen in July (1.049 ± 0.019), August (1.045 ± 0.017), and September (1.047 ± 0.018) and the minimum is seen in November (0.947 ± 0.020).

125. One Case is Suspected with the Third Trimester of Pregnant Woman who in Complicated with IgA Nephropathy

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We have had the third trimester of pregnant woman who is complicated with IgA nephropathy.

She was 27 years old, and primipara. Her prenatal course has been uneventful until 28 week of pregnancy. At gestational 29 weeks, she was complicated with marked proteinuria, and she was kept in the hospital. Laboratory examination of serum and urine were almost normal range except proteinuria and hematuria.

Urinary trehalase activity and $\beta_{\text{C}}$-microglobulin were 200 times higher than normal pregnancy. Thus, we inferred that renal tubular damage was occurred in the third trimester.

In spite of medical therapy, the improvement was insufficient. We have decided her labor induction at gestational 38 weeks.

Puerperal first month, she was still complicated with marked proteinuria and occult hematuria.

We made her examine internal medicine, and by renal biopsy at puerperal third month, we pronounced her IgA nephropathy. When one has had a pregnant woman who is complicated with remarkable proteinuria at the third trimester, we propose that one should pay attention to diagnose a patient complicated chronic nephropathy as well toxemia of pregnancy. Furthermore, it is probable that her condition takes a turn for worse in superimposed toxemias of pregnancy.

126. Acute Glomerulonephritis during the Third Trimester of Pregnancy

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We report a very rare case of acute glomerulonephritis occurring in the eighth gestational month. A 29-year-old para 3 gravida 2 patient was admitted in week 31 of pregnancy for sudden, gross hematuria, marked edema of the legs, elevated blood pressure, and marked proteinuria. There was no past history of renal disease or essential hypertension, and her previous 2 pregnancies had not been complicated by pre-eclampsia or eclampsia. The pregnancy succeeded despite initially severe nephrotic syndrome (marked proteinuria, hypoalbuminemia, generalized edema, depressed renal clearance, and severe hypertension), and after delivery there was a complete recovery to normal renal function. Fetal prognosis was also good. The diagnosis of acute post-streptococcal glomerulonephritis was made based on serological examinations and postpartum renal biopsy. Light and electron microscopic findings showed that the glomerular lesions were different from those of typical pre-eclampsia.

127. (Abstract is not available)

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128. A Case of Rh Isoimmunization: Successful Combination Therapy with Erythrocyte Membrane Oral Therapy, Promethazine and Plasmapheresis

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We tried to treat a severely Rh-immunized preg-