

SERUM CA 125 LEVELS IN EARLY PREGNANCY AND SUBSEQUENT SPONTANEOUS ABORTION

To the Editor:

In our report¹ of the relationship of CA 125 to spontaneous abortion, we included one case of a fetal karyotype of 45,X. This case led us to speculate on the possibility that an elevated CA 125 level could suggest a chromosomal abnormality. This was the only abortus that had been karyotyped in the initial series, and we were prompted to try to karyotype subsequent abortions in an effort to support our hypothesis. The question was whether this phenomenon is associated only with 45,X or with other aneuploidies. After subsequently finding two additional cases, a trisomy 21 and a trisomy 12 and 13, we submitted a case report, which was published subsequently in the *American Journal of Obstetrics and Gynecology*,² including not only the latter two cases, but also the 45,X case. This may have inadvertently given the reader the impression that we have seen two cases of 45,X karyotype with an elevated CA 125 level. We write this letter to clarify that we have observed only one case of a 45,X abortus with a high CA 125 level.

We have subsequently found other cases that have also had chromosomal abnormalities, including another trisomy 21 and a trisomy 10. We are presently engaged in a prospective study aimed at determining whether elevated CA 125 levels in the early first trimester indicate an increased risk of fetal chromosomal abnormalities or whether the association is merely coincidental.

We apologize for any confusion with the reported case and want to reiterate that we described only one case of elevated CA 125 and subsequent abortion in a fetus of karyotype 45,X.

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References

1. Check JH, Nowroozi K, Winkel CA, Johnson T, Seefried L. Serum CA 125 levels in early pregnancy and subsequent spontaneous abortion. *Obstet Gynecol* 1990;75:742-4.
2. Check JH, Nowroozi K, Vaze M, Wapner R, Seefried L. Very high CA 125 levels during early first trimester in three cases of spontaneous abortion with chromosomal abnormalities. *Am J Obstet Gynecol* 1990;162:674-5.