- Palmer CG, Schwartz S, Hodes ME. Transmission of a balanced homologous t (22q; 22q) translocation from mother to normal daughter. Clin Genet 1980; 17; 418
- Bishun NP, Morton WRM. Chromosome studies on women who have had two or more unsuccessful pregnancies. J Obstet Gynaecol Brit Cwlth 1968; 75: 66
- 26. Singh DN, Hara S, Foster HW, Grimes EM. Reproductive performance in women with sex chromosome mosaicism. Obstet Gynecol 1980; 55: 608
- Stoll C. Cytogenetic findings in 122 couples with recurrent abortions. Hum Genet 1981;
 101
- Hecht F. Unexpected encounters in cytogenetics: Repeated abortions and parental sex chromosome mosaicism may indicate risk of non-disjunction. Amer J Hum Genet 1982;
 34:514

- Dewhurst J. Fertility in 47, XXX and 45, X patients. J Med Genet 1978; 15: 132
- Khudi G. Cytogenetics of habitual abortion.
 A review. Obstet Gynec Surv 1974; 29: 299
- Abuelo DN, Barsel-Bowers G. Prognosis for couples who have experienced repeated pregnancy loss. Fertil Steril 1983; 40:844
- Uchida IA, Freeman VCP. Trisomy 21 Down syndrome: Parental mosaicism. Hum Genet 1985; 70: 246
- 33 Hsu LYF, Gertner M, Leiter E, Hirschhorn K. Parental trisomy 21 mosaicism and Down's syndrome. Amer J Hum Genet 1971; 23: 592
- Harris DJ, Begleiter ML, Chamberlin J, Hankins, L, Magenis RE. Parental trisomy 21 mosaicism. Amer J Hum Genet 1982; 34: 125
- Wentz AC, Wilroy RS, Marten PR. Luteal phase inadequacy and a chromosomal anomaly in recurrent abortions. Fertil Steril 1984: 41: 142

FETO-PLACENTAL STEROID METABOLISM IN GROWTH RETARDED HUMAN FETUSES

Women bearing fetuses with intrauterine growth retardation (IUGR) frequently have low serum estriol (E3) levels in the gestation. One origin of the low E₃ production in these pregnancies may be reduced secretion of fetal adrenal cortex-derived neutral steroid precursors of estriol synthesis in the placenta. However, there is evidence that placental conversion of the neutral precursors to estrogen may be low in association with a fetus with IUGR. In order to investigate the relative importance of these two possible causes of low E₃ production, umbilical venous, and maternal venous neutral steroid and estrogen levels were assessed in a series of pregnancies in which the fetus had IUGR.

The significantly low E_3 values in both umbilical and maternal samples are postulated to result not only from the reduced fetal adrenal dehydroepiandrosterone sulfate (DHAS) secretion, but also underactive 16α -hydroxylase activity in fetal liver or low efficiency of 16α -OH-DHAS relative to DHAS, as a substrate for placental conversion to an estrogen.

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