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TOXEMIA OF PREGNANCY: A DISEASE OF PROTEIN INSUFFICIENCY
AND POOR UTERINE VASCULATURE

by

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INTRODUCTION

Toxemia of pregnancy (TP) is a controversial and confounding disease syndrome. The exact etiology and pathophysiology are unresolved, and the prophylaxis and treatment are largely empirical. The only incontrovertible cause of toxemia is pregnancy and the only certain cure is the termination of pregnancy (1-3). The study of TP has been severely handicapped in the past by the lack of widely accepted definitions and agreed-upon criteria, which has led to lack of uniformity in the diagnosis of the disease itself (2).

Toxemia, at least in Western countries, is the commonest formidable complication of pregnancy (4, 5). The death of the mother is uncommon with conventional therapy, but this disease continues to be an important cause of perinatal mortality (6, 7).

PHYSIOLOGICAL CHANGES IN NORMAL PREGNANCY

When discussing a disease unique to pregnancy it is important to realize that the physiology of the pregnant woman is altered quite drastically, especially in the last two trimesters, from that of the nonpregnant state (8, 9). Table 1 lists some of the important physiological changes seen in normal pregnancy. These changed conditions must be used as a baseline in order to determine the additional changes peculiar to TP.