Conclusion: The presented results of the analytical evaluation methods for the determination of cystatin C on the Roche-Cobas c 501 analyzer showed an acceptable accuracy and precision. Cystatin C is good parameter, to determine the glomerular filtration rate in CRF patients.

PF41
SERUM HOMOCYSTEINE LEVELS AND METHYLENETETRAHYDROFOLATEREDUCTASE GENOTYPES IN COUPLES WITH IDIOPATHIC RECURRENT MISCARRIAGE

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Background: Hyperhomocysteinemia and methylenetetrahydrofolate-reductase (MTHFR) gene mutation have been postulated as a possible cause of recurrent miscarriage (RM).The aim of this study was to investigate the association between MTHFR genotypes and serum homocysteine levels in Macedonian couples with idiopathic recurrent miscarriage.

Material and methods: In this study were included 29 couples with idiopathic recurrent miscarriage. After genotyping all 58 individuals were divided into three groups. First group, controls (N=28) (no more than one mutation in both loci of MTHFR gene C667T and A1298C).Second group (N=13), homozygous (both copies of either the C677T mutation, or the A1298C mutation). Third group (N=17), compound heterozygous (one copy of the C677T mutation and one copy of the A1298C mutation). Genotyping was performed by reversal hybridization with CVD strip assay manufactured by Vienna Lab - Austria. Serum homocysteine levels were measured by chemiluminescent immunoenzyme assay.

Results: In the first group we found 5 individuals with elevated homocysteine level (>15 μmol/L) (17,8%), in the second group 3 individuals (23%), in the third group 6 individuals were with elevated homocysteine level (35%). The level of homocysteine was: first group 12,46±7,32; second group 13,12±6,91; third group 13,94±7,16. No significant differences were observed in serum homocysteine levels between the three studied groups($p>0.05$).

Conclusions: We found that elevated level of homocysteine is most frequent in the third group, in compound heterozygous. In the present study RM is not associated with hyperhomocysteinemia.