Supplementary Material

Circulating endothelial progenitor cells in pregnant women with premature rupture of membranes: potential association with placental disorders

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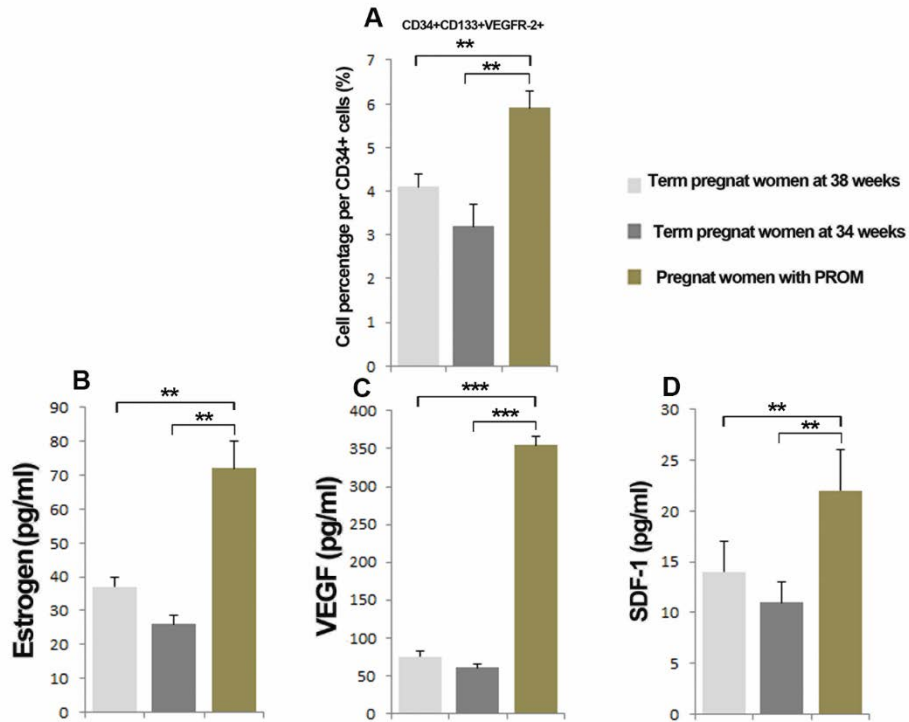[B]Department of Clinical Pathology, Faculty of Veterinary Medicine, University of Tehran, Tehran, Iran.

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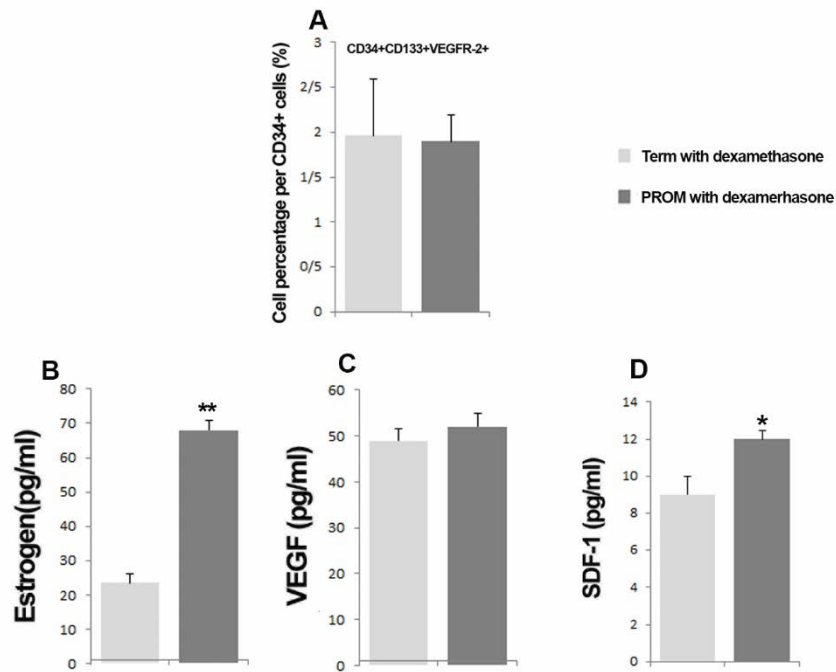[D]School of Nursing and Midwifery, Kermanshah University of Medical Sciences, Kermanshah, Iran.

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Fig. S1. The percentage analysis of cEPCs by flow cytometry and the ELISA serum levels of estrogen, VEGF and SDF-1 in term pregnant women (at 38 and 34 weeks) who did not receive dexamethasone and in PROM pregnant women without dexamethasone. Percentage of CD133+VEGFR-2+ cEPCs per total CD34+ cells (A). Serum concentrations of estrogen (B), VEGF (C), and SDF-1 (D) in non-dexamethasone treated pregnant women with or without PROM. Data are expressed as mean±s.d. ($n=10$ term pregnant women at 38 weeks, $n=8$ term pregnant women at 34 weeks, and $n=43$ pregnant women with PROM). $**P<0.01$, $***P<0.001$, one-way ANOVA with Tukey post-hoc test.

Fig. S2. The percentage analysis of cEPCs by flow cytometry and the ELISA serum levels of estrogen, VEGF and SDF-1 in term pregnant women and in PROM pregnant women with dexamethasone administration. Percentage of CD133+VEGFR-2+ cEPCs per total CD34+ cells (A). Serum concentrations of estrogen (B), VEGF (C), and SDF-1 (D) in dexamethasone administered pregnant women with or without PROM. Data are expressed as mean±s.d. ($n=11$ term pregnant women, and $n=6$ pregnant women with PROM). *$P<0.05$, **$P<0.01$. Student's t-test.