

Feto-maternal outcomes of pregnancies in women with SLE: Experience from a Tertiary care center of Asia

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Background

Systemic lupus erythematosus (SLE) is an autoimmune disease of reproductive age and predominantly affects third and fourth decades of life. Most women with SLE experience worsening of disease activity during pregnancy and are at high risk of developing maternal and perinatal complication

Objective

We aim to quantify the risk of maternal and fetal complication in patients with SLE in order to identify the impact of SLE on pregnancy and of pregnancy on SLE.

Methodology

A retrospective case control record review conducted in obstetrics and gynecology unit of AKUH from Jan 1998 to 2018. Outcomes were analysed in 125 pregnancies(cases) and compared with 396 pregnancies (control group). Both groups were matched for demographic variables.

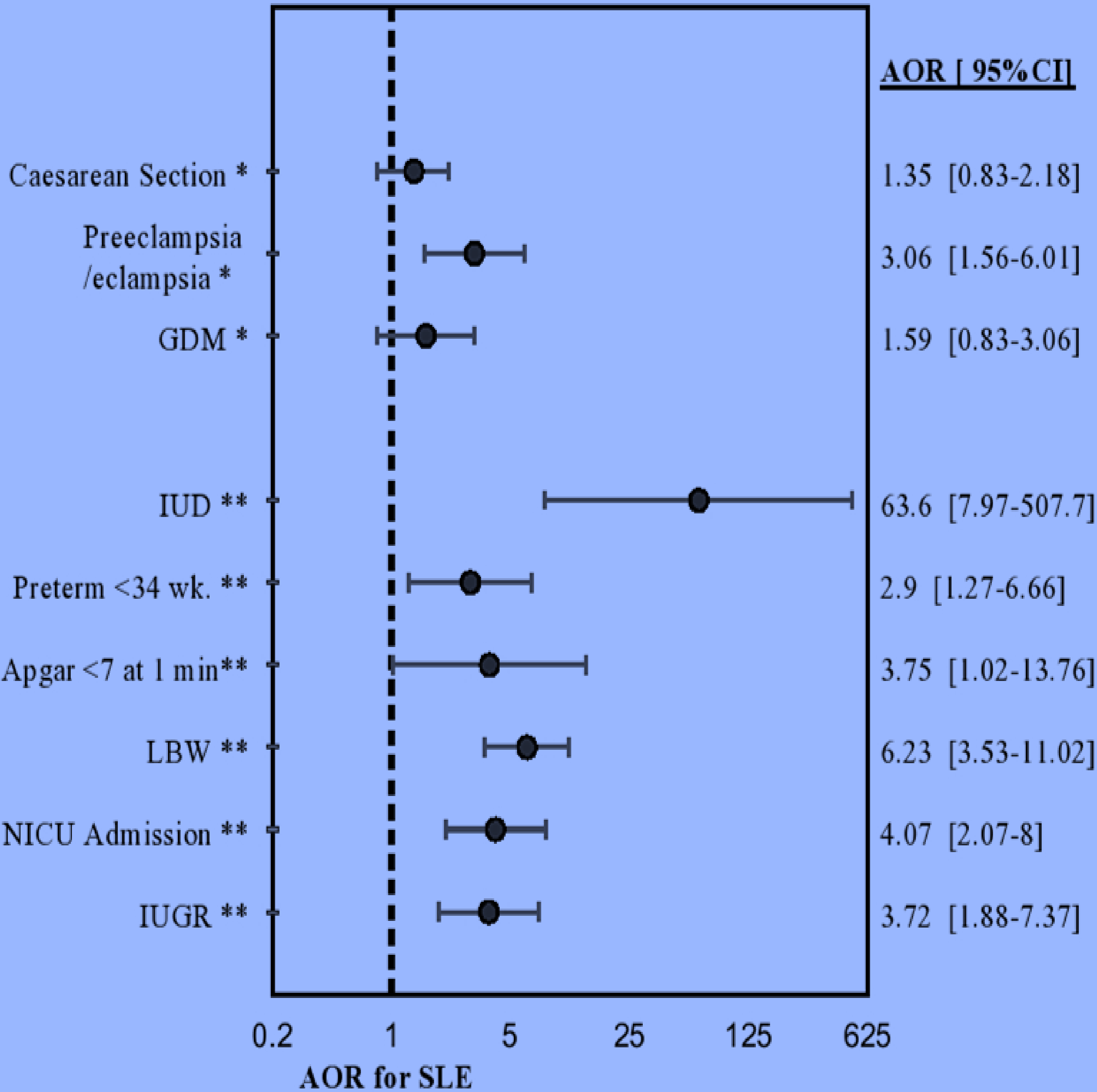
Results

The average age at conception was 30.05±4.16 years. Total seventy-one patients (71/125, 56.8%) had disease flare up, which mainly presented as joint pain and stiffness (52/125. 41.6%), active lupus nephritis (49/125, 39.2%) and skin/mucosa lesions (30/125, 24%). Adverse perinatal outcomes found to be statistically significant in between two groups included; Preterm births, intrauterine growth retardation (IUGR), fetal loss and neonatal death, 19.2%, 24%, 16.8% and 6.7% respectively. Statistically significant maternal adverse outcome in SLE group were Cesarean section (OR, 1.5; CI, 1.01-2.25), preeclampsia (OR, 4.76; CI, 2.79-8.12), anemia (OR, 4.64; CI, 3.01-7.14), thrombocytopenia (OR, 20.92; CI, 4.61-94.84) and hypothyroidism (OR, 11.8; CI, 4.93-28.55). Disease activity like skin manifestation, lupus nephritis, Anticardiolipins and lupus anticoagulant was found to be the strongest predictors of adverse feto-maternal outcomes

Conclusion

Planned pregnancy and less severe disease flares during pregnancy is associated with more favorable feto-maternal outcomes

Adjusted Odds ratios of pregnancy outcome in SLE women



References

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