

HUMAN IMMUNOGLOBULIN AND ASPIRIN CAN IMPROVE THE OBSTETRIC OUTCOME IN SARCOIDOSIS PREGNANCY

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OBJECTIVE

Sarcoidosis in pregnancy has an unpredictable clinical course and with an estimate of only 0.02-0.05% such pregnancies, it is challenging to have a large prospective study of disease progression and management. Corticosteroid therapy is associated with a slightly increased risk of cleft lip, with or without cleft palate. It is also difficult to establish whether the adverse obstetric outcomes are because of the disease itself or the corticosteroid treatment.

Our aim is to highlight the role of Human Immunoglobulin and Aspirin in reducing the risk of disease flare up and the need for corticosteroids in sarcoidosis pregnancy leading to an improved maternal and fetal outcome.

CASE REPORT

A 32 years old G4P0 with a past history of 3 recurrent miscarriages presented to the antenatal clinic soon after missing her periods. 7 years ago she was diagnosed with sarcoidosis in view of characteristic clinical-radiological features confirmed by epithelioid cell granuloma on histopathology. All investigations including those for recurrent pregnancy loss were normal.

She was started on Human Immunoglobulin once every 3 weeks from first trimester. Aspirin 150mg was added from 12 weeks gestation. She was on regular follow up and was told to inform if she developed breathing difficulties, cough or fever. Fetal growth was monitored with 4 weekly growth scans.

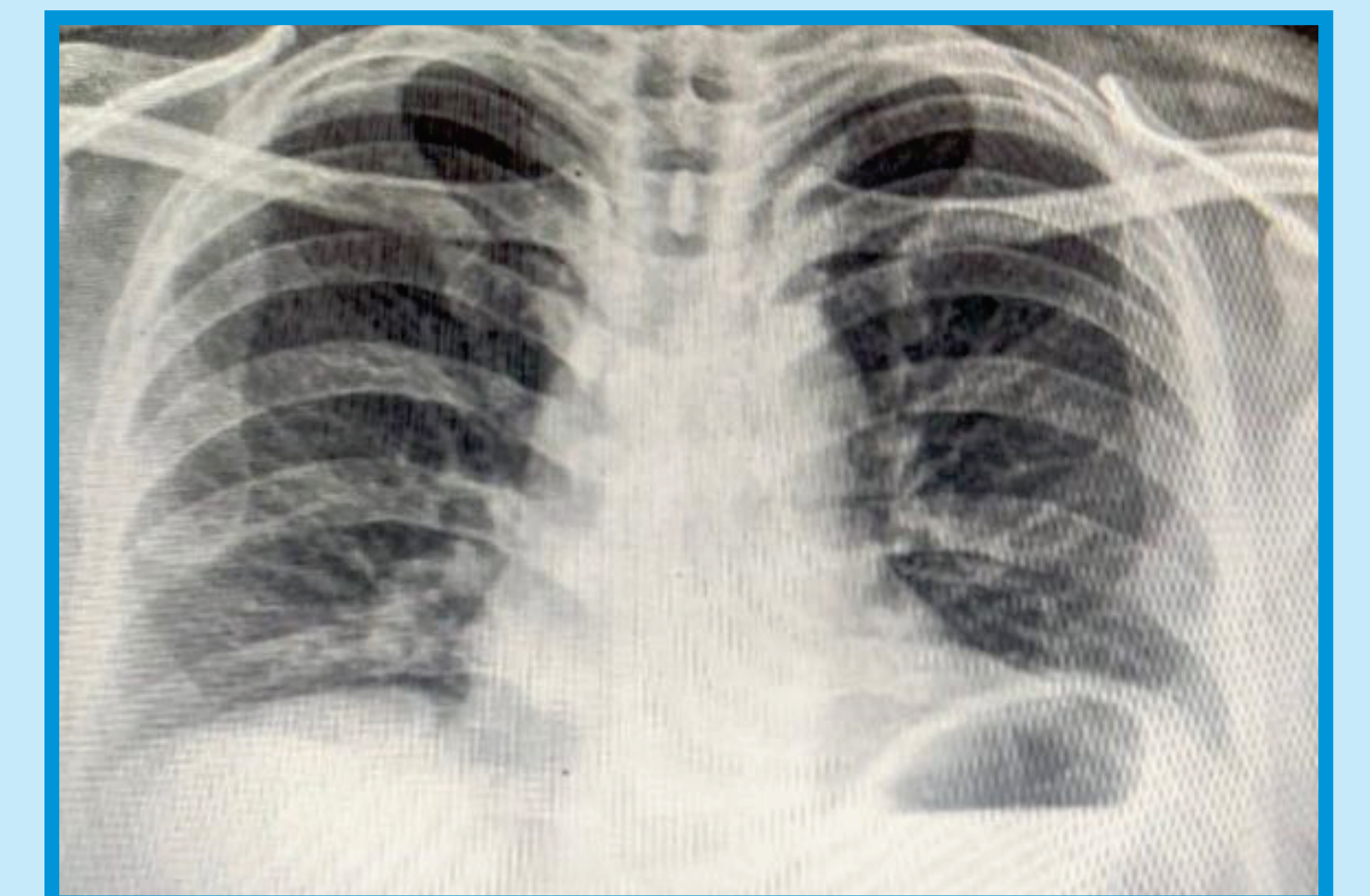
At 36 weeks gestation, caesarean section was performed for preterm labour with breech presentation. A healthy baby of 3.1kg was delivered with normal Apgar score. The post-operative period was uneventful and the mother and baby were discharged in satisfactory condition. The patient was on monthly follow up for 6 months and no exacerbations were reported.

DISCUSSION

Sarcoidosis is a multisystem inflammatory disease of unknown etiology, primarily affecting lungs and lymph nodes. Pregnancy being a pro-inflammatory state, concomitant sarcoidosis can exaggerate the disease manifestation and increase the risk of adverse outcomes like miscarriage, preeclampsia/eclampsia, deep vein thrombosis, pulmonary embolism, preterm delivery and postpartum haemorrhage.

Recent reports suggest a possible autoimmune origin of the disease. Human Immunoglobulin can help to suppress the immunogenic susceptibility and prevent flare ups in the presence of trigger factors like infection and other environmental influences.

Aspirin has a preventive role in pregnancy related vascular diseases like preeclampsia and intrauterine growth restriction and may help to prevent the risk of thromboembolic events in sarcoidosis pregnancy.



CONCLUSION

Human Immunoglobulin and Aspirin can reduce the risk of disease flare up in sarcoidosis pregnancy and improve maternal and fetal outcome.