

PREGNANCY OUTCOMES AMONG WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A RETROSPECTIVE TEN-YEAR REVIEW



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BACKGROUND

Systemic lupus erythematosus (SLE): a disease of unknown etiology in which tissues undergo damage mediated by autoantibodies and immune complexes. The effects of pregnancy on disease activity and the reciprocal effects of SLE on pregnancy outcomes are major concerns in its management. Being a multi-systemic autoimmune disease, SLE patients confront various risks to their fetus and themselves because a severe disease flare may be life-threatening. A better understanding of this condition combined with a multidisciplinary approach has improved successful pregnancy outcomes.

OBJECTIVES

To evaluate the characteristics and outcomes of SLE pregnancies who delivered at the Dept. of OB-GYN of a tertiary government hospital in the Philippines from 2011 - 2020.

METHODOLOGY

- A 10-year retrospective cohort study involving all pregnant women with SLE who delivered at tertiary government hospital in the Philippines from year 2011 - 2020.
- Maternal and fetal outcomes of each pregnancy were analyzed.

RESULTS

Total number of patients included in the study: 70

Manifestations:

- **renal involvement** (30%)
- **preeclampsia** (29%)
- **cutaneous lesions** (29%)
- **IUGR** (7%)
- **articular lesions** (16%)
- **secondary APS** (31%)
- **live births** (97%)
- **antenatal SLE flares** (26%)
- full term** (70%)
- preterm** (30%)

CONCLUSION

- We demonstrated a more favorable outcome of **97% livebirth rate** compared to previous reports.
- We reported a **30% prevalence rate of preterm deliveries** comparable with other studies.
- **IUGR prevalence** can be explained by the proportion of hypertensive patients included.
- Outcomes of SLE pregnancies were affected by **renal disease, a history of lupus nephritis, the presence of antiphospholipid antibodies and the presence of hypertension**.
- Antenatal SLE flare is 26% with predominance of **renal flares**.
- Further prospective and comparative study between pregnancy outcomes in lupus patients and the general population is recommended.

REFERENCES

Tiffin N, Adeyemo A, Okpechi I. A diverse array of genetic factors contribute to the pathogenesis of systemic lupus erythematosus. Orphanet J Rare Dis. 2013 Jan .
Siegel M, Stanley L. The epidemiology of systemic lupus erythematosus. Semin Arthritis Rheum. 1973 3(1):1- 54.
Ravelli A, Ruperto N, Martini A. Outcome in juvenile onset systemic lupus erythematosus. Curr Opin Rheumatol 2005;17 (5):568–73.