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Title: A CASE REPORT OF SYSTEMIC LUPUS ERYTHEMATOSUS IN PREGNANCY AND ITS OUTCOME



INTRODUCTION

Systemic Lupus Erythematosus is a chronic multisystem autoimmune disease that primarily affects the women of reproductive age group. SLE is most common autoimmune disease during pregnancy. Disease flares are common during pregnancy and is associated with significant adverse maternal and fetal outcomes, such as hypertension, lupus nephritis, spontaneous abortion, preterm birth, neonatal birth and IUGR. However the diagnosis of SLE in pregnancy can be challenging due to overlapping symptoms and abnormal laboratory tests shared with other diagnosis and complications seen in pregnancy.

CASE REPORT

A 25 year old Gravida 2 Para 1 Live 1 with 1 previous LSCS done 4 yrs ago,without any significant past medical history ,presented to hospital at 10 weeks of gestation with chief complaints of fever with chills ,malar rash ,joint pains(small joints) since one week. She was managed conservatively by medication and then laboratory investigations revealed pancytopenia & raised ESR and CRP levels. She continued to have cyclical fevers. Suspecting an autoimmune aetiology specifically for SLE, Rheumatologist opinion was taken therefore ANA antibody, Anti DNA Antibody, ANA profile,APLA Ab study added to the workup. Results of her autoimmune workup were positive for both ANA Ab and Anti SS-A. NT scan and Double marker study was done which was normal.The patient was started on Tab.METHYLPREDNISOLONE 4mg Bd+ Tab.HYDROXYCHLOROQUINE 200mg Bd+Tab.AZATHIOPRINE 50mg Od. TIFFA scan done followed by FETAL ECHO which was normal. Serial USG for fetal growth done @ 28wks with Doppler study every 2 weeks from 32wks to 36wks was done which showed Normal growth. Repeat Elective LSCS was planned at 37wks gestation, she delivered a term female baby with Good APGAR and weight at GMH,hanamkonda without any complications. and the baby was investigated for congenital heart block and Neonatal lupus which are found to be Normal.

Aims &objectives

- To evaluate the impact of SLE on pregnancy and newborn.
- To recommend appropriate care for women with SLE in pregnancy such as preconception counselling, medication adjustment and intensive surveillance
- To determine the optimal timing of pregnancy relative to SLE activity.

DISCUSSION

New onset SLE appears to occur in 1st and 2nd trimester. Three retrospective analytical studies showed that when compared to women with preexisting SLE, those with New onset SLE had higher disease activity like hematological disorders, renal disorders, pregnancy loss. However hematological and renal abnormalities are also seen in severe hypertensive disorders of pregnancy which makes the diagnosis of new onset SLE in pregnancy challenging. The risk of pregnancy loss increase more for women with new onset SLE (62%) compared to those with preexisting disease (27%) with majority of cases occurring during 1st and 2nd trimester.

CONCLUSION

Even though autoimmune disorders in pregnancy are rare, these cases can be diagnosed early with proper history, examination and necessary autoimmune profile, (APLA studies, ANA profile , Anti SSA ab). Fetal echo and maternal Doppler study aids in detecting fetal complications like FGR, still birth, congenital heart block and neonatal lupus. Early diagnosis and management of SLE can prevent maternal complications like GHTN, Abruption and Lupus flares.

REFERENCES

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