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Title: A rare case report on complications in pregnancy with Systemic Lupus Erythematosus in a post renal transplant patient

INTRODUCTION: This case report outlines a rare and interesting case of pregnancy with SLE in a post-renal transplant patient with preeclampsia mimicking symptoms of the flare of SLE managed by a multidisciplinary approach and previews the feto-maternal outcome in the same.

PATIENT PRESENTATION: A 29-year-old female para 1 IUFD 1 abortion 1, in a known case of SLE with hypothyroidism with lupus nephritis with post renal transplant status with thrombocytopenia with preeclampsia with day 7 of emergency LSCS done in view of non-progress of labour with intrauterine foetal demise with abruptio placenta referred in view of query SLE flare or severe preeclamptic features with rectus sheath hematoma.

PREECLAMPSIA	LUPUS NEPHRITIS
Complement levels in preeclampsia are typically normal or elevated.	Flares of SLE have low complement levels and elevated anti-dsDNA antibody titers
More pronounced thrombocytopenia, elevated serum levels of liver enzymes, and an elevated or increasing uric acid level compared to lupus nephritis.	Complications like antiphospholipid antibodies (aPLs), thrombotic thrombocytopenic purpura, and immune thrombocytopenia.

DISCUSSION

The patient had a haemoglobin of 5 g/dl and platelets of 66,000 mm³ pre-operatively and was transfused 4 pints PRC and 2 pints SDP in the perioperative period.

Her preeclampsia was managed by a multidisciplinary approach and hypertension was brought under control by optimization of the dosage of anti-hypertensives which also caused resolution of the features of end-organ damage

Patient was transfused with 5 pints of leuco-depleted PRC and 6 pints of FFP for optimization of haematological parameters.

Daily dressing for the soakage due to oozing of old collected blood from the suture site due was done and weekly USG was done to look for resolution of hematoma

Variables	On admission	In ward	On discharge
Hb/TLC/PLT	7.2/11,500/1,06,000	8.8/9,100/1,42,000	10/9,100/1,72,000
PT/INR	22.5/2	15.7/1.55	15.6/1.33
aPTT	40.4	29	25.2
Fibrinogen	711	531	320
D-dimer	5.09	7.7	3.02
T. bilirubin	0.7	0.8	0.6
SGOT/SGPT	20/15	20/13	28/18
T. protein	2.6	3.9	4.7
BUN/creatinine	43/2.7	36/2.3	28/1.7
Na/K	139/3.6	136/3.2	138/3.8
RBS	72	80	98
UPCR	7.99		2.99

CONCLUSION - PRECAUTIONS FOR PREGNANCY IN RENAL TRANSPLANT PATIENTS

- Wait at least 6 months after transplantation.
- Maintain stable allograft function with a creatinine level of less than 1.4 mg/dL. Avoid recent episodes of acute rejection.
- Maintain blood pressure within the range of 140/90 mmHg.
- Have little to no proteinuria, typically not exceeding 500 mg/24 hours.
- Prednisone dosage should be limited to 15 mg/day.
- Azathioprine should be administered at a dosage of 2 mg/kg/day and
- Discontinue Mycophenolate Mofetil and Sirolimus at least 6 weeks before attempting conception.

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