AICOG 2025
Mumbai
67th All India Congress of Obstetrics & Gynaecology
FOGSI celebrates 75 years – Diamond Jubliee
8-12 January, 2025 | JIO World Convention Centre

Name: Vineeta Patel(RSO III) Department of Obstetrics and Gynaecology, GMC, Bhopal

Poster Number: **EP 064**

Title: MANAGING PREGNANCY WITH SYSTEMIC LUPUS ERYTHEMATOSUS:A SINGLE CASE STUDY OF MULTIDISCIPLINARY APPROACH ,MONITORING AND OUTCOMES

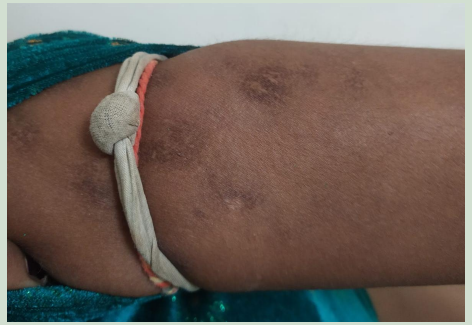
INTRODUCTION

SLE is a chronic autoimmune disease involving multisystem inflammation. It disproportionately affects women of childbearing age(F:M ratio of approx 9:1)[1].Pregnancy in women with SLE is considered high risk due to the potential maternal(disease flare,pre eclampsia) fetal(FGR,preterm delivery) and neonatal(neonatal lupus syndrome)complications.

CASE HISTORY

A 32 yr old Primigravida 36 week pregnancy presented with C/O headache since 1 day.
Pt was K/C/O SLE since 5 yr and was on HCQ and prednisone.Pt had mild HTN during 20 week for which she was started on T.labetalol.During 28 week she had hospital admission for SLE flare(rashes over B/L upper and lower limbs).Treatment adjustment included increasing prednisone and adding low dose aspirin for pre eclampsia prevention.

Pt's vitals were PR 86/min,BP 170/110 mm hg.P/A uterus 36 week size,cephalic,relaxed,FHR 148 bpm,reassuring.P/V os closed,cervix uneffaced.Obstetric USG and doppler were WNL.
INTERVENTION:Pt was given magnesium sulphate and antihypertensive therapy.Decision of expedited delivery taken and induction of labour done.
Post delivery mother and neonate did not had any immediate complication.Pt was adviced continuation of HCQ and prednisone and regular rheumatology follow up.



DISCUSSION

SLE in pregnancy involves hormonal shifts, immune dysregulation, complement activation, and vascular complications, increasing risks of flares, preeclampsia, miscarriage, IUGR, neonatal lupus etc.[2]

CONCLUSION

Modern therapeutic strategies and early intervention have significantly improved the prognosis[3].Outcomes are best when pregnancies are planned during periods of low disease activity and managed by an experienced care team.

REFERENCES

1.Lateef, A., & Petri, M. (2013). Managing lupus patients during pregnancy. Best Practice & Research Clinical Rheumatology, 27(3), 435-447.
2.Andreoli, L., et al. (2017). Clinical practice guidelines for pregnancy in women with systemic lupus erythematosus and/or antiphospholipid syndrome: EULAR recommendations. Annals of the Rheumatic Diseases, 76(4), 476-485.
3.Clowse, M. E. B. (2008). Lupus activity in pregnancy. Rheumatic Disease Clinics of North America, 34(2), 373-388.