

Management and obstetric outcomes in pregnancies complicated by systemic lupus erythematosus nephritis

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Objective. Systemic lupus erythematosus (SLE) predominantly affects women in childbearing age. Pregnancy complicated by SLE is associated with a 2-4 fourfold increased rate of obstetric complications, including foetal growth restriction (FGR) and preeclampsia (PE).

Lupus nephritis (LN) and active disease at conception stand as main risk factors for adverse obstetric outcome. The aim of the study is to compare pregnancy outcomes in patients with and without LN, provided a multidisciplinary approach and a broad prophylaxis protocol.

Materials and Methods. Cohort study on 157 SLE pregnancies referred to a Tertiary Centre, from 2007 to 2022.

Results. A cohort of 157 pregnancies was divided into two groups according to renal involvement: 40 with pre-existing LN and 117 without LN.

The LN group more frequently carried antiphospholipid (55% vs 36.8%, $p = 0.04$) and anti-DNA antibodies (60% vs 23%, $p < 0.001$), creatinine > 1.2 mg/dl (12.8% vs 2.9%, $p = 0.03$), pre-existing hypertension (35.9% vs 8.6% $p < 0.001$) and proteinuria (52.5% vs 4.3%, $p < 0.001$). No difference was found in terms of active disease.

97.4% of LN group received a prophylactic treatment, of which 56.4% with a combination of low-dose aspirin and low molecular weight heparin. In LN group, the incidence of preeclampsia and FGR was higher than in control group (10.2% vs 1.04%, $p = 0.03$).

Conclusions. A planned pregnancy managed with a multidisciplinary approach with a broad prophylactic treatment may prevent most adverse obstetric outcomes in women with LN but does not seem to be effective on the prevention of PE and FGR.