

Risk factors for poor pregnancy outcome in systemic lupus erythematosus patients

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Abstrak

Background: systemic lupus erythematosus (SLE) is still a challenging autoimmune disease, especially in pregnancy setting. An early risk factors awareness of poor pregnancy outcome is important to optimize the outcome of pregnancy in SLE patients. This study was conducted to describe pregnancy outcome and determine the risk factors associated with poor pregnancy outcome in SLE patients.

Methods: a retrospective case-control study of SLE patients with poor and normal pregnancy outcome was performed. Pregnancy histories were reviewed from Dr. Hasan Sadikin General Hospital lupus registry study. The case group was pregnancy with poor outcome, defined as abortion, premature birth, stillbirth, intrauterine growth restriction (IUGR) and neonatal death. The control group was pregnancy with good outcome, defined as live birth and full term.

Results: a total of 84 SLE patients were enrolled in this study with 109 pregnancies after SLE diagnosis. The median age of subjects at the time of pregnancy was 28 (25-32) years old. Poor pregnancy outcome comprising 22.9% abortion, 14.7% premature birth, 5.5% stillbirth, 1.8% IUGR and 4.6% neonatal death. There was a significant difference in the number of planned pregnancy ($P=0.011$) between groups with poor and good outcome. Clinical variables significantly associated with poor pregnancy outcome were lupus nephritis (OR = 4.813, 95% CI 1.709 - 13.557, $P = 0.003$) and neuropsychiatric SLE (OR = 5.045, 95% CI 1.278 - 19.920, $P = 0.021$).

Conclusion: the pregnancy in SLE patient should be planned to have better outcome. Lupus nephritis and neuropsychiatric (NP) SLE were risk factors for poor pregnancy outcome in SLE patient.