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## **Outcome of pregnancy in patients with inactive systemic lupus erythromatosus and minimal proteinuria.**

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### **Source**

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### **Abstract**

Systemic lupus erythematosus (SLE) is a multisystem disease. This study was undertaken to assess the outcome of pregnancies in patients with inactive SLE. We prospectively studied 20 female patients with diagnosis of stable class IV Lupus nephritis followed up at King Abdul Aziz University Hospital, in Jeddah, **Saudi** Arabia between 1998 and 2008. Before each pregnancy all the patients had their blood pressure, serum creatinine, creatinine clearance, serology for SLE and 24-hour urine protein excretion measured and then repeated at monthly intervals during the pregnancy. Statistical analysis was performed using the Wilcoxon signed-rank test. Despite having negative antinuclear antibody (ANA) significant complications were observed during pregnancy. The daily proteinuria during 34-36 weeks' gestation was significantly higher ( $P < 0.05$ ) than during 32 weeks. Two patients had abortions one stillbirth and 2 required termination of the pregnancy; one due to severe hypertension, and other due to **renal** impairment. One patient developed HELLP (hemolysis, elevated liver enzymes, low platelets) syndrome. 14 patients had a successful pregnancy, including 4 requiring a cesarian section. In conclusion, although no clinical evidence of lupus disease activity was demonstrated pre-conception proteinuria significantly increased during pregnancy along with maternal and fetal complications. Pregnant females with diagnosis of SLE need a multidisciplinary **care** during the pregnancy and post-partum period