

Successful Management of a Patient With Systemic Lupus Erythematosus: Two Normal Deliveries Within One Year and Eleven Months

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Systemic lupus erythematosus (SLE) is a multi-system disease of unknown aetiology, varied clinical presentation and variable prognosis. Fertility rates are normal in SLE but spontaneous abortions, IUGR, and still births are frequent due to placental dysfunction. If severe cerebral, renal or cardiac disease is absent and SLE activity is controlled with glucocorticoids, even with flare-ups, most patients complete pregnancy safely and deliver normal infants. There is scant literature on successful outcome in pregnancy with SLE in Indian patients. We report successful management of a young SLE patient who had two normal deliveries within a time period of 1 year and 11 months.

Case Report



Fig. 1: Upper limbs showing deformed joints.

Mrs. B. aged 25 years, gravida 2, para-1 was admitted into antenatal ward, department of Obstetrics and Gynaecology, Jawaharlal Nehru Hospital and Research Centre, Bhilainagar, M.P. on 20-08-97 with history of 9 months' amenorrhoea (LMP 13/12/96), increasing swelling, pain in joints, and oedema feet of two months' duration. Her marital life was 8 years; first delivery was full term normal, 3½ years old. During puerperium, she developed joint pains and fever. She was diagnosed at that time as a case of systemic lupus erythematosus (SLE) and was put on oral prednisolone. At the time of admission, patient was febrile, anemic, with oedema feet and a B.P. of 130/100 mm of Hg. Malar flush and discolouration of butterfly distribution over the skin of the face were present. The joints of upper and lower limbs were swollen, deformed and painful (Fig. 1). Cardiovascular, respiratory and central nervous system examination revealed no significant abnormality. Per abdomen examination revealed 36 weeks sized uterus, foetal head was mobile and foetal heart sounds were normal. She was put on oral alpha methyl dopa, nifedipine, chloroquine, prednisolone and supportive therapy. Laboratory investigations: Hb 9.5 gram/dl, total leukocyte count and differential count normal; blood for sickling and malarial parasite negative. Fasting ESR 120mm/first hr. (Westergren method). Blood platelets 120000/cubic mm. Blood for fibrin degradation products, fibrinogen, bleeding time and clotting time and partial thromboplastin generation time showed normal values. VDRL test was negative. Blood for hepatic and renal function test results: normal. Blood for uric acid 5.6 mg/dL. Urine albumin: positive (trace). Blood and urine cultures: sterile. Ocular fundi: arteriolar narrowing present. Blood for LE cell phenomenon and blood for antinuclear factor positive. Ultrasonography of abdomen done on 25/08/97 showed single live foetus (cephalic

presentation) of 36 weeks gestational age. Amniotic fluid was adequate. Placenta was anterior with grade III changes. On 2.09.97 after labour induction, she delivered a mature live female child with APGAR scoring of 8/10, weighing 2.45 kg. The patient had uneventful hospital stay and on 8th day was discharged on prednisolone, chloroquine and propranolol. Regular postnatal follow up done at 6 weeks, 3 months and 6 months interval. Her husband was advised to use condom as contraceptive measure. Patient attended hospital in March, 1998 with the history of 2½ months amenorrhoea (LMP 13/1/1998). Then onwards, she was attending regularly Immunology special clinic at biweekly intervals and also antenatal clinic. She was hospitalized for pre-eclampsia in third trimester of pregnancy and was put on antihypertensive therapy, prednisolone, salt free diet and supportive therapy. Urine analysis revealed albuminuria and 3.8 gram protein excretion / 24 hrs. However, blood urea and serum creatinine levels remained within upper limits of normal values.

Abdominal ultrasonography on 26.09.1998 revealed single live foetus of 38 weeks with placenta showing grade III changes and also calcification. She delivered a live male child weighing 2.45 kg with APGAR score of 8/10 without congenital anomalies on 4.10.1998. She was discharged from the hospital on 14th day. Her husband had undergone vasectomy. Follow up done up to 3 months at weekly intervals revealed good condition of mother and child.