Conclusion

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AB0079 CYCLOPHOSPHAMIDE EXPOSURE DURING PREGNANCY: TWO CASES

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Background Lupus nephritis is a severe clinical entity that should be treated with cytotoxic drugs. Cyclophosphamide is an effective cytotoxic agent against lupus nephritis. Cyclophosphamide is probably a potent teratogen. Severe birth defects reported in several cases after cyclophosphamide given as little as 200 mg during pregnancy. Some authorities, however, recommend the use of cyclophosphamide in life-threatening lupus during pregnancy.

Objectives In this report, we present two cases that used cyclophosphamide during unpredicted pregnancy.

Methods

Results Case-I: A 20-year-old female was diagnosed as SLE with arthritis, photosensitivity, haemolytic anaemia, leukopenia, proteinuria and positive antinuclear and anti-ds-DNA antibodies. Anti-phospholipid antibodies were negative. The disease remained under control with corticosteroids, hydroxychloroquine and cyclophosphamide. In June 1999, it was noticed that she had been pregnant for 24 weeks and she had received five cycles of intravenous pulse cyclophosphamide (500 mg for each cycle, 2500 mg total dose). Until the end of pregnancy, the treatment was continued with corticosteroids. The baby is now 16 months-old and in good health.

Case-II: A 21-year-old female patient presented with arthritis, carditis, and proteinuria. She had positive antinuclear, anti-ds-DNA, and negative anti-phospholipid antibodies, and the diagnosis of SLE was made. She was treated with oral corticosteroids and intravenous cyclophosphamide. In September 1999, while she was in remission, it was noticed that she had been pregnant for 12 weeks. Since that time, she had been given intravenous 500 mg pulse cyclophosphamide twice (1000 mg totally). During pregnancy, only corticosteroids and salicylic acid were given. In March 2000, she delivered a healthy male baby. The baby is now 9 month old and healthy.

Conclusion Although fertility is decreased in SLE due to lupus nephritis and cyclophosphamide treatment, some pregnancies may occur. The pregnancies of SLE patients with anti-phospholipid syndrome have poorer prognosis. The absence of anticardiolipin antibodies in these two patients might have protected from poor outcome. Some authors believe that cyclophosphamide should not be used due to its teratogenic effect. Reported abnormalities due to cyclophosphamide during pregnancy include

absent thumbs, absence of the great toes or all toes, palatal abnormalities, and a single coronary artery. However there are also reports of normal infants born from cyclophosphamide-treated mothers, and cyclophosphamide was proposed in life-threatening lupus. Experiences of cases like the present two may help the physician to make decisions on cyclophosphamide therapy during pregnancy in life-threatening cases.

AB0080 TREATMENT FAILURE PULMONARY HAEMORRHAGE OF SISTEMIC LUPUS

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Background

Objectives To describe the treatment and outcome of patients with SLE and pulmonary haemorrhage.

Methods Retrospective study (1989–2000). Centre: University Hospital. Area: 700,000 inhabitants. SLE clinic: 154 SLE patients were reviewed. All patients fulfilled the ACR criteria for SLE.

Results All patients received plasmapheresis, 3 bolus of cyclophosphamide 12 mg/kg/day and prednisone 2 mg/kg/day iv. Mechanical ventilation was employed in all patients. Death was secondary to nosocomial infections.

Abstract AB0080 Table 1

Age	Sex	Evolution of SLE (month)	SLEDAI	anti-DNA	Complement C3/C4
43	Female	6	9	1/640	10/2,1
63	Female	120	21	1/2500	46/14
74	Female	40	4	Negative	32/12

Conclusion Pulmonary haemorrhage is a rare and often fatal complication of SLE. There are no uniform recommendations for treatment. Mechanical ventilation and immunosuppressors were a risk factor for a increase mortality.

AB0081 CENTRAL NERVOUS SYSTEM INVOLVEMENT IN CONNECTIVE TISSUE DISEASES – OUR EXPERIENCE

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Background Central nervous system involvements are the most severe clinical manifestations in connective tissue diseases.

Objectives We estimated prevalence of central nervous system (CNS) involvement in our patients.

Methods They were followed up during ten years period.

Results Among 250 patients with systemic lupus erythematosus (SLE), 17 (7%) had alterations of CNS: cerebrovascular insult (5 pts), seizures (4 pts), psychosis (3 pts), transversal myelitis (2 pts), cranial nerve paralysis (2 pts) and psychoorganic syndrome (1 pt). In 3 pts SLE expressed primarily with CNS manifestations. Thirteen patients of 64 (20%) with Behcet disease had impairment of CNS: aseptic meningoencephalitis (2 pts), pyramidal syndrome (2 pts), cerebellar-ataxic syndrome (2 pts), myelopathy (2 pts), cranial nerve paralysis (2 pts), psychosis (1 pt),