AB0580

CONGENITAL HEART BLOCK AND MATERNAL POSITIVE ANTI-RO AND ANTI-LA AUTOANTIBODIES: A SINGLE CENTRE-STUDY

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Background: The fetal Congenital Heart Block (CHB) is thankfully a rare occurrence. It can develop during pregnancy in women with Rheumatic Diseases who have positive autoantibodies anti-Ro/La.

Objectives: To evaluate the efficacy of hydroxychloroquine (HCQ) treatment and the monthly control in a multidisciplinary unit of Rheumatic Diseases and pregnancy on the pregnancy outcomes in women with positive anti-Ro/La.

Methods: Descriptive, prospective, longitudinal and open study of 28 pregnant patients with positive anti-Ro/La. They were attended in a specialised multidisciplinary unit of Rheumatic Diseases and pregnancy and 46 pregnancies were developed with no complications. The following variables were collected: age, maternal pathology, presence of anti-Ro52, anti-Ro60 y anti-La, prior abortions, prior babies born with CHB, result of fetal echocardiograms, treatment during pregnancy, obstetric outcomes births/abortion, pregnancy length and maternal/fetal complications.

Results: 28 pregnant women were included in the study. 64.3% were diagnosed with Systemic Lupus Erythematosus, 21.4% with Sjögren's syndrome, 10.7% with undifferentiated connective tissue and 3.6% with rheumatoid arthritis. Our patients were an average of 32.24 ± 5.34 years old and the 35% were elder than 35 years. 46 pregnancies were developed during the monitoring with an average of 1.61 ± 0.74 pregnancies per patient. Before the inclusion in our unit, the following fetal history was collected: 1 baby with CHB and 11 abortions. Nevertheless, during the multidisciplinary evaluation and treatment there was no baby developing CHB and only 2 abortions occurred during the first trimester. The positivity of anti-Ro52, anti-Ro60 y anti-La was 89.3%, 32% and 29% respectively. Besides, 2 patients had triple positive autoantibodies and 6 patients double positive autoantibodies. 18% of our patients were diagnosed with lupus nephritis and 29% were diagnosed with secondary antiphospholipid syndrome and/or thrombophilia. The immunosuppressive therapy received during the 46 pregnancies is specified in figure 1. Also, 50% pregnant women received treatment with acetylsalicylic acid, 24% with low-molecular-weight heparin and 41% with corticoid. The mean gestational age was 38 weeks and 11% births were caesarean. 11% babies were preterm with an average birth weight of 2871.6 ± 494.8 grams. 87% of our patients did not have complications in the puerperium. All of our patients were monitored with periodic fetal echocardiograms from the 16th week of gestation and none had a baby with CHB or neonatal lupus (100% of the babies were born healthy).

Abstract AB0580 – Figure 1. Immunosuppressive therapy received during the 46 pregnancies (%)

Conclusions: Our results demonstrate that both treatment with hydroxychloroquine and close control in a multidisciplinary unit are effective in the prevention of congenital heart block development, in the decrease in the number of abortions and in a reduction of maternal and fetal morbidity and mortality. The multidisciplinary evaluation is essential in women diagnosed with rheumatic diseases with high obstetric risk.

Disclosure of Interest: None declared

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PREGNANCY OUTCOMES IN WOMEN WITH ANTIPHOSPHOLIPID SYNDROME AND THROMBOPHILIA TREATED IN A MULTIDISCIPLINARY UNIT

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Background: The Antiphospholipid Syndrome (APS) and Thrombophilia predominantly affect women of fertile age, so their pregnancies should be considered high obstetric risk. These pregnant women need close monitoring in a multidisciplinary unit.

Objectives: To evaluate the efficacy of the treatment on the pregnancy outcomes of women with APS and thrombophilia from a Spanish cohort.

Methods: Descriptive, prospective, longitudinal and open study of 88 pregnant patients with primary and/or secondary APS and thrombophilia assisted in a specialised multidisciplinary unit of Rheumatic Diseases and pregnancy (integrated by Gynaecologists, Haematologists and Rheumatologists). The following variables were collected: age, maternal pathology, presence of antiphospholipid antibodies, thrombotic episodes and prior abortions, number of childbirths, treatment during pregnancy, obstetric outcomes births/abortion and pregnancy length and maternal/fetal complications.

Results: 88 pregnant women were included in the study. 44 patients were diagnosed with thrombophilia (mostly, Heterozygotes for MTHFR gene), 33 with primary or secondary APS and 11 patients were diagnosed with both APS and thrombophilia. 140 pregnancies were developed during the monitoring: 61% of women had a single birth, 30% had two births and 5% had three births. Abortions registered before and during inclusion in our unit are specified in figure 1. Before the inclusion in our unit, 52% patients had 1 or 2 abortions, 25% had 3 abortions and 23% had 4 or more abortions. 10% patients had presented a previous thrombosis. Our patients were an average of 33.6 ± 5.5 years old and the 44.3% were elder than 35 years. Among the 44 patients with APS: 50% presented positivity to Lupus Anticoagulant (LA), 25% had triple positive antiphospholipid antibodies (LA, anticardiolipin antibodies and anti-β2-glycoprotein) and 27% had double positive autoantibodies. As for the treatment received during the 140 pregnancies: 50% pregnant women received treatment with prophylactic doses of low-molecular-weight heparin (LMWH) together with acetylsalicylic acid (ASA), 26% were treated in monotherapy with LMWH and 9% in monotherapy with ASA. 10 patients diagnosed with thrombophilia, with an average of 5.3 ± 1.5 abortions per patients, received treatment with LMWH, ASA and intravenous gammaglobulin. All patients who received LMWH during pregnancy also received LMWH after birth for 6 weeks. The mean gestational age was 38 weeks with an average birth weight of 3058.5 ± 595.6 grams. 13% babies were preterm and 32% births were caesarean. 87% of our patients did not have complications in the puerperium.

Abstract AB0581 – Figure 1