FRI0240

15-YEAR EXPERIENCE IN A MULTIDISCIPLINARY UNIT FOR THE FOLLOW-UP OF PREGNANCY IN RHEUMATIC INFLAMMATORY AND AUTOIMMUNE DISEASES

O. Ibarquengoitia¹, M E Ruiz¹, I Calvo¹, D Montero¹, L Vega¹, J M Blanco¹, O Fernandez¹, C E Perez¹, I Torre¹, A R Inchaurre¹, E Cuende¹, E Galindez¹, E. Ucar¹, J Oras², I Gorostiza³, L Maria. Garcia Vivar¹. ¹Basurto University Hospital, Rheumatology, BILBAO, Spain; ²Basurto University Hospital, Obstetrics and Gynecology, BILBAO, Spain; ³Basurto University Hospital, Research Unit, BILBAO, Spain

Background: Pregnancies in women with inflammatory and autoimmune diseases are considered high-risk pregnancies, so close and ideally multidisciplinary control is necessary. Given the advances in treatment and identification of risk factors a higher percentage of patients manifest gestational desire.

Objectives: To describe our experience in a multidisciplinary unit (integrated by Rheumatologists and Obstetrics) and assess the complications in the evolution of pregnancies and treatments used in patients with inflammatory and autoimmune diseases.

Methods: Retrospective study of pregnancy outcome in patients with rheumatic diseases and follow-up in a multidisciplinary unit for 15 years (January 2003-December 2018). Demographic characteristics, maternal disease, comorbidities, previous abortions, presence of autoantibodies (AAb), number of births, fetal losses and abortions during follow-up, previous treatment and treatment during pregnancy and maternal and fetal complications were collected.

Frequencies and percentages were used in qualitative variables, mean $\pm$ SD in quantitative and for the comparison between groups Chi2 test (or Fisher test if appropriate) was used in categorical variables and Student T test (or U of Mann-Whitney if appropriate) in quantitative variables. Data was analysed using IBM SPSS v23.

Results: 141 patients (194 pregnancies) were registered with maternal average age at rheumatic disease diagnosis of 29.14 ± 6.6 years and average age at abortion/childbirth of 34.82 ± 4.63 years. 12.8% were smokers and 21.1% had comorbidity (hypothyroidism:10.8%, dyslipidemia:2.1%). Maternal diseases are collected in table 1.

50 abortions were registered prior to follow-up in our unit (0.35 abortions/mother). During follow-up 19 abortions were registered (0.13 abortions/mother). Frequencies of abortions/births are specified in table 1.

13.5% of pregnancies were pre-term (< 37 weeks) and a caesarean section (C-section) was performed in 26% of cases. C-section was more frequent among asymptomatic women with positive autoantibodies (n:15, 30%), patients with SLE (n:13, 17.3%), RA (n:6, 37.5%) and PsA (n:6, 37.5%).

The frequency of different AAb is found in table 2.

Anti-Ro carriers (36.6%) did not have higher frequency of abortions ($p = 0.798$) and only one case of heart block was recorded among them. Abortions were more frequent among women with positive antiphospholipid antibodies (14.3% compared to 4.3%) ($p = 0.013$).

In inflammatory diseases (PsA, RA, spondyloarthropathies) no abortions were registered.

TABLE 1

MATERNAL DISEASE	n (%)	n abortions	n births
Systemic Lupus Erythematosus (SLE)	80 (42.1%)	5	75
Asymptomatic women with positive autoantibodies	52 (27.4%)	2	50
Antiphospholipid syndrome (APS)	19 (10%)	4	15
Rheumatoid Arthritis (RA)	17 (8.9%)	0	17
Sjögren Syndrome	8 (4.2%)	2	6
Psoriatic Arthritis (PsA)	5 (2.6%)	0	5
Mixed Connective Tissue Disease	3 (1.6%)	1	2
Behçet Syndrome	2 (1.1%)	0	2
Systemic Sclerosis	2 (1.1%)	0	2
Spondyloarthritis	2 (1.1%)	0	2

TABLE 2

ANTIBODIES	n (%)
Antinuclear antibodies	115 (62.8%)
Anti-Ro	67 (36.6%)
Anticardiolipin antibodies IgG	51 (27.9%)
Antibodies to double-stranded DNA (anti-dsDNA)	35 (19.1%)
Anticardiolipin antibodies IgM	30 (16.4%)
Lupus Anticoagulant	25 (13.7%)
Rheumatoid Factor	23 (12.6%)
Anti-La	15 (8.2%)
Anti-citrullinated protein antibodies	12 (6.6%)
Anti-B2-glycoprotein I IgM	8 (4.4%)
Anti-B2-glycoprotein I IgG	1 (0.5%)

TABLE 3

PREVIOUS TREATMENT	n (%)	TREATMENT DURING PREGNANCY	n (%)
Hydroxychloroquine	97 (56%)	Acetylsalicylic acid	122 (62.5%)
Prednisone	23 (11.9%)	Hydroxychloroquine	119 (61.3%)
Methotrexate	6 (3.1%)	Prednisone	46 (24%)
TNF inhibitors	4 (2.1%)	Heparin	34 (17.5%)
Sulfasalazine	2 (1%)	Antibiotics	3 (1.5%)
Azathioprine	1 (0.5%)	Sulfasalazine	1 (0.5%)
Rituximab	1 (0.5%)	Chloroquine	1 (0.5%)
Leflunomide	0 (0%)	Methylprednisolone	0 (0%)
Mycophenolate Mofetil	0 (0%)	TNF inhibitors	0 (0%)

Intrauterine growth restriction (IUGR) was observed in 7 cases (3.7%) and pre-eclampsia in 6 (3%) being more frequent among patients with SLE (n:3 and n:2 respectively), APS (n:1 and n:1) and asymptomatic women with positive autoantibodies (n:2 and n:1). No difference was observed in complications rate between anti-Ro positive and anti-Ro negative women ($p = 0.047$).

Treatments used prior to and during pregnancy are shown in table 3.

Conclusion: In our series, as previously described in the literature, women with systemic autoimmune and inflammatory diseases have higher risk of abortion, pregnancy complications and instrumental delivery than general population. SLE and APS are most associated with these complications. Multidisciplinary close follow-up of these patients improves pregnancy outcomes.

REFERENCES:

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.2278

FRI0241

PREGNANCY RATES AND PERINATAL OUTCOMES AMONG WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN COMPARISON TO GENERAL POPULATION

Young Bin Joo, Ki-Jo Kim, Kyung-Su Park, Yune-Jung Park. St. Vincent's Hospital, College of Medicine, The Catholic University of Korea, Suwon, Korea, Rep. of (South Korea)

Background: Systemic lupus erythematosus (SLE) can affect people of all ages, but it occurs most often during childbearing ages. It has been documented that the fertility rates in women with SLE is similar to those

Table 1. Fertility rates in women with SLE compared with those of age-matched general population

Year	Prevalent case, n	SLE		Total population†, n	General population		IRR (95%CI)	
		Pregnancy case, n	N. of pregnancy per 1,000 persons, IR (95%CI)		Pregnancy case, n	N. of pregnancy per 1,000 persons, IR (95%CI)	unadjusted	Age-adjusted
2013	10,516	313	29.76 (26.47,33.06)	13,073,224	508,442	38.89 (38.78,39.00)	0.77 (0.69,0.86)	0.68 (0.61,0.76)
2014	11,205	331	29.54 (26.36,37.72)	12,992,974	512,712	39.46 (39.35,39.57)	0.75 (0.67,0.83)	0.66 (0.60,0.74)
2015	11,400	350	30.70 (27.49,33.92)	12,877,547	489,404	38.00 (37.90,38.11)	0.81 (0.73,0.90)	0.74 (0.66,0.82)