

Less Offspring's in Systemic lupus Erythematosus Patients; is it Infertility or Adverse Pregnancy Outcomes to Blame?

Iman Mohammed Reda Ibrahim Abdel Fattah kandil*

Department of Rheumatology and Rehabilitation, Zagazig University, United Kingdom

*Corresponding author: Iman Mohammed Reda Ibrahim Abdel Fattah kandil, Department of Rheumatology and Rehabilitation, Zagazig University, United Kingdom, Tel: 00447572323847; Email: iman.kandil@yahoo.com

Received date: December 3, 2021; Accepted date: December 15, 2021; Published date: December 27, 2021

Citation: Abdel Fattah kandil IMRI (2021) Less offspring's in Systemic lupus Erythematosus Patients; is it Infertility or Adverse Pregnancy Outcomes to Blame? Int J Drug Dev & Res. Vol: 13 No: 5.

Introduction

Background: Systemic lupus erythematosus (SLE) is a multisystem autoimmune disorder that predominantly affects females in their reproductive years and fertility can be negatively affected by disease activity (autoimmune oophoritis) or by the gonadotropic medications used [1,2]. Pregnancies in SLE are also associated with higher neonatal and maternal complications. Neonates born to mothers with SLE are more likely to be preterm, have a low birth weight and are associated with stillbirth compared to neonates born to healthy control mothers [3].

Objectives: The aim was to assess the impact of SLE on the number of offspring's in an Egyptian group of female SLE patients compared to age-matched controls.

Methods: This retrospective case-control study was conducted in Rheumatology and Rehabilitation Department, Zigzag University Hospitals. Sixty female subjects were included: 30 SLE patients and 30 age matched apparently healthy volunteers. We compared the number of pregnancies and the number of offspring's of SLE patients to those of controls and we also compared pregnancy outcomes and maternal complications in both groups.

Results: There was a statistically significant difference between both groups regarding the number of children being significantly less in the SLE group ($P < 0.01$) but not the number of pregnancies ($P > 0.05$) denoting that patients had significantly less offspring's as a consequence of adverse pregnancy outcomes rather than infertility. There was statistically significant difference between both groups regarding miscarriage and hypertension in pregnancy ($P < 0.05$).

Table 1: Comparison between both groups regarding obstetric history.

	Group 1 (No= 30)	Group 2 (No= 30)	MW	P. value
Number of pregnancies per woman Median (range)	3 (0 – 6)	3 (0 – 6)	331.5	0.232
Number of children per woman Median (range)	2 (0 – 5)	3 (0 – 6)	244.0	0.01 (S)

(HS) highly significant, (S) significant

Table 2: Comparison between both groups regarding adverse pregnancy outcomes and maternal complications.

Pregnancy Outcomes	Group1 (No= 30)	Group 2 (No= 30)	Fisher	P. value
Miscarriage (at least one) No (%)	6(20.0%)	1(3.3%)	4.310	0.04 (S)
Therapeutic abortion No (%)	2 (6.7%)	0(0%)	2.069	0.150

Still birth No (%)	0(0%)	0(0%)	0	1
Neonate death No (%)	3(10.0%)	1(3.3%)	1.071	0.301
Preterm No (%)	4(13.3%)	0(0%)	3.158	0.076
Gestational Diabetes No (%)	0(0%)	0(0%)	0	1
HTN in pregnancy No (%)	5(20.83%)	0(0%)	2.71	0.03 (S)
SLE flare in pregnancy No (%)	8(33.3%)	-	-	-

(HS) highly significant, (S) significant

Conclusions

We finally conclude that despite autoimmunity and aggressive medications even those known to affect fertility; SLE patients may have comparable number of pregnancies to normal premenopausal females. This highlights the importance of strict follow up during pregnancy to minimize fetal losses and maternal complications which may represent the main etiology of having less off springs in some SLE populations.

References

1. Carp HJA, Selmi C, Shoenfeld Y (2012) The autoimmune bases of infertility and pregnancy loss. *J Autoimmun.* 201238: 266–274
2. Gasparin AA, Souza L, Siebert M (2016) Assessment of anti-Müllerian hormone levels in premenopausal patients with systemic lupus erythematosus. *Lupus.* (2016) 25:227-32
3. Abdwani R, Al Shaqsi L, and Al-Zakwani I (2018) Neonatal and Obstetrical Outcomes of Pregnancies in Systemic Lupus Erythematosus. *Oman medical journal.* 33:15-21
4. Krause ML, Makol A (2016) Management of rheumatoid arthritis during pregnancy: challenges and solutions. *Open access rheumatology: research and reviews* 8:23