Alpigiani et al. Pediatric Rheumatology 2014, 12(Suppl 1):P206
http://www.ped-rheum.com/content/12/S1/P206

PEDIATRIC RHEUMATOLOGY

POSTER PRESENTATION Open Access

Pregnancy outcomes in women affected by juvenile idiopathic arthritis (JIA)

Maria Giannina Alpigiani*, Pietro Salvati, Serena Callegari, Renata Lorini

From 21st European Pediatric Rheumatology (PReS) Congress
Belgrade, Serbia. 17-21 September 2014

Introduction

JIA is the most frequent form of persistent arthritis in children that begins at or before 16 years old. While outcome of pregnant women with RA is well-known, at best of our knowledge there are a few scientific works about pregnancy in JIA patients [1,2].

Objectives

Our aim is to describe pregnancy outcomes in a case series of six women affected by JIA.

Methods

We report on six cases of women affected by JIA with a median age of 32,8; median age at onset of 6,1; median age at first delivery of 25,7. (table 1)

Results

In all cases, pregnancy was associated with remission of disease activity, however a post partum flare appeared after 4 pregnancies (pt 1-4-5-6) and in the first year post-partum. The seven babies were in good condition, without

	Age (y, m)	Age at onset	Type	Therapy before pregnancy	Age at delivery [pS1] (y m)	Sex of babies	Flare after delivery
Patient 1 LS	29 7/12	12 y 2/12	poliarticular	None	18 11/12 24 7/12	♂♂	yes
Patient 2 GM	38 7/12	8 y	poliarticular	none	27 3/12	♀	no
Patient 3 GA	29 11/12	4 y	oligoarticular	none	25 9/12	♂	no
Patient 4 CE	37 11/12	1 y 4/12	poliarticular	none	26 9/12	♀	yes
Patient 5 RL	34 5/12	8 y 7/12	poliarticular	Cya, steroids	29 3/12	♀	yes
Patient 6 BA	26 10/12	2 y 8/12	poliarticular	none	26 2/12	♂	yes

[pS1]

Pediatrics, Istituto G. Gaslini, Genova, Italy

apparent malformation or symptoms of neonatal illness. Only 1 woman was treated during her pregnancy: the number 5 patient received oral cyclosporine for the first 5 months of pregnancy and oral low-dose corticosteroids for all pregnancy; she had an active disease before pregnancy and she had an important flare a few months after delivery.

As reported for pregnant patients affected by RA (Dolhain RJEM 2010), in our cases pregnancy was associated with a remission of disease in 6/6 patients and flare in post-partum period in 4/6 patients, probably depending on increased levels of serum alfa 2 glycoprotein and elevated levels of sex hormones that influence a shift in cytokine production from a Th1 to a Th2 profile. In fact, oestrogens inhibit T-cell function, progesterone stimulates Th2 effects and cortisol has a general immunosuppressive effect.

The number 5 patient was treated with cyclosporine and steroids. No congenital anomalies or increase of death rate were observed in infants exposed to cyclosporine antenatally. Besides low-dose steroids therapy (5-15 mg prednisone daily) does not increase low-birth-weight or small for gestation age infants.

Conclusion

In conclusion, in JIA patients, a stable disease or remission should be reached before pregnancy and should be used safe immunosuppressive drugs to avoid a flare during pregnancy and in post-partum period.

Disclosure of interest

None declared.

Published: 17 September 2014

References

1. Chakravarty EF: 2003.
2. Chen JS: 2013.

doi:10.1186/1546-0096-12-S1-P206
Cite this article as: Alpigiani *et al.*: Pregnancy outcomes in women affected by juvenile idiopathic arthritis (JIA). *Pediatric Rheumatology* 2014 **12**(Suppl 1):P206.