

A Case Report On Rare Case of SLE In Pregnancy

Dr. Geeta Sinha Manki, Dr. Kanak Lata

(Sai Sevayatan Hospital, Ramgarh, Jharkhand)

(Central Hospital Ramgarh, Jharkhand)

Abstract:

Background: SLE is a multisystem auto-immune and hormone-dependent disease, the manifestation of which requires genetic as well as certain provoking factors. Women with Systemic Lupus Erythematosus (SLE) still face significant risks when embarking on a pregnancy¹. Improvements in the field of pathophysiology, in diagnosis and a greater number of therapeutic options in the treatment of SLE, have made the medical community regard these patients with less trepidation. Despite these advances, however, the risk of significant morbidity to both the mother and the fetus still exists. Women with Systemic Lupus Erythematosus (SLE) still face significant risks when embarking on a pregnancy. Improvements in the field of pathophysiology, in diagnosis and a greater number of therapeutic options in the treatment of SLE, have made the medical community regard these patients with less trepidation. Despite these advances, however, the risk of significant morbidity to both the mother and the fetus still exists.

Materials and Methods: In this case report a primigravida with diagnosed SLE for the last 11 years delivered a healthy twins of term gestation. A primigravida named Mrs XYZ came to our hospital SAI SEVAYATAN HOSPITAL, RAMGARH, JHARKHAND with amenorrhea of 6 weeks with pregnancy test positive. She was a known case of SLE for last 11 yrs. She was taking HCQ 200mg daily, on her first visit she was advised Wysolone for 2 months, HCQ was continued, ecospirin 75mg bd, Imwh was given apart from folic acid. She was on her regular follow up, in her 5th month she developed GTN, for which labetalol was given. At 30 weeks she developed cholestasis for which Udiliv tds was given. At 33 weeks she had facial rash with hypertension, she was put again on tapering dose of Wysolone, acyclovir for 1 week, betnesol for lung maturity was given. Conservative management were given, after 2 weeks at 35 weeks of gestation she came with labour pain and leaking pv with HTN she was immediately taken to OT LSCS was done and a healthy girl and a boy child delivered.

Results: This case shows that chronic disease like SLE if managed under multidisciplinary team work can have a successful pregnancy outcome.

Keyword: Fetal loss, Lupus nephritis, Antiphospholipid syndrome, Congenital heart block, Anticardiolipin antibodies, Systemic lupus erythematosus. Hydroxychloroquine, Wysolone, LSCS, hypertension

Date of Submission: 27-02-2026

Date of Acceptance: 07-03-2026

I. Introduction

SLE is a multisystem auto-immune and hormone-dependent disease, the manifestation of which requires genetic as well as certain provoking factors. Women with Systemic Lupus Erythematosus (SLE) still face significant risks when embarking on a pregnancy. SLE increases the risk of spontaneous abortion, intrauterine fetal death, preeclampsia, intrauterine growth retardation, and preterm birth.^[2] The presence of SSA and SSB antibodies can lead to fetal heart block and neonatal lupus. The prognosis for both mother and infant is best when SLE is quiescent for at least 6 months before the pregnancy and when the mother's underlying kidney function is stable and normal or near normal. Lupus nephritis can worsen during pregnancy.^[3,4] Improvements in the field of pathophysiology, in diagnosis and a greater number of therapeutic options in the treatment of SLE, have made the medical community regard these patients with less trepidation. Despite these advances, however, the risk of significant morbidity to both the mother and the fetus still exists. Women with Systemic Lupus Erythematosus (SLE) still face significant risks when embarking on a pregnancy. Improvements in the field of pathophysiology, in diagnosis and a greater number of therapeutic options in the treatment of SLE, have made the medical community regard these patients with less trepidation. Despite these advances, however, the risk of significant morbidity to both the mother and the fetus still exists. This overview highlights the current perspectives of pregnancy outcome in patients with SLE on the basis of the recent literature.

II. Case Presentation

This prospective comparative study was carried out on a primigravida 30 yrs of age with known case of SLE for last 11 yrs. She came to our hospital, SAI SEVAYATAN HOSPITAL, RAMGARH, JHARKHAND as

soon as she conceived. . She was a known case of SLE for last 11yrs . She had history of hip transplant of both the sides.She was taking HCQ 200mg daily ,on her first visit she was advised wysolone for 2mth, HCQ was continued, ecospirin 75mg bd , lmwh was given apart from folic acid .on her first usg she was diagnosed with twin gestation. At 12 weeks during NT NBscan she was having DADC pregnancy with normal nt nb range. She was on her regular follow up, in her 5th month she developed GTN for which labetalol was given. At 30 weeks she developed cholestasis for which udiliv tds was given . Her regular follow up was done weekly with colour doppler scans .At 33 weeks she had facial falsy with hypertension, she wasreferred to neurophyscian where she was put again on tapering dose of wysolone ,acyclovir for 1wee., Betenesol for lung maturity was given from our side. Conservative management were given like physiotherapy ,hot fomentation , after 2 weeks at 35weeks of gestation she came with labour pain and leaking pervaginum with HTN she was immediately taken to OT, LSCS was done and a healthy girl and a boy baby delivered. After 24 hrs she had PPh for which conservative management was given , blood transfusion 2 units given .After 1 week she was discharged from the hospital with mild facial palsy , left eye dryness as this eye was affected. She was advised to visit the neurophyscian with continued physiotherapy

III. Photos



Photos Of Twin Babies And Mother Showing Facial Palsy Affecting Right Side Of Lips And Left Eye

IV. Result

This case shoes that under multidisciplinary team a complicated and rare cases of SLE can have a successful pregnancy outcomes. As in our case she delivered twin of term pregnancy with normal outcomes.

V. Conclusion

The majority of women with SLE can have a successful pregnancy. However, pregnancy constitutes a major. challenge for women with systemic lupus erythematosus when compared with other women, resulting in more cesarean births (48% vs. 21%), maternal death, preeclampsia, preterm labor (36% vs. 18%), thrombosis, infection, and hematologic complications during pregnancy. Severe kidney, lung or heart disease are life-threatening complications of SLE and patients should be councelled before getting pregnant, due to the high risk of both maternal and fetal complications in terms of spontaneous abortion (10–35% of cases), prematurity, fetal growth retardation (10–66%) and high rate of perinatal mortality.

References

- [1]. Danchenko N, Satia JA, Anthony MS. Epidemiology Of Systemic Lupus Erythematosus: A Comparison Of Worldwide Disease Burden. *Lupus*. 2006. 15 (5):308-18. [Qxmd MEDLINE Link].
- [2]. Tan Y, Yang S, Liu Q, Li Z, Mu R, Qiao J, Et Al. Pregnancy-Related Complications In Systemic Lupus Erythematosus. *J Autoimmun*. 2022 Jul 21. 54 (4):102864. [Qxmd MEDLINE Link].
- [3]. Gladman DD, Tandon A, Ibañez D, Urowitz MB. The Effect Of Lupus Nephritis On Pregnancy Outcome And Fetal And Maternal Complications. *J Rheumatol*. 2010 Apr. 37 (4):754-8. [Qxmd MEDLINE Link].

- [4]. Petri M. Pregnancy And Systemic Lupus Erythematosus. Best Pract Res Clin Obstet Gynaecol. 2020 Apr. 64:24-30. [Qxmd MEDLINE Link].