INTERNATIONAL JOURNAL OF
INTEGRATIVE AND
MODERN MEDICINE

# Pregnancy and Systemic Lupus Erythematosus

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**Summary:** The article analyzes the literature concerning the problems of mutual influence of SLE and pregnancy, the clinical course of lupus in a pregnant woman, maternal and perinatal outcome of gestation, and the incidence of neonatal lupus.

**Keywords:** systemic lupus erythematosus, pregnancy complications, pregnancy outcomes, neonatal lupus.

**Relevance.** Systemic lupus erythematosus (SLE) affects people of all races, men and women, but it is dominant in the latter and develops especially often in women of reproductive age. The prevalence of SLE among women of reproductive age is 1:500. Almost 90% of lupus patients are women. The reasons for the development of SLE are unknown. It is now generally accepted that complications of gestation such as recurrent abortion, preeclampsia and eclampsia, premature placental abruption, DIC and HELLP syndromes, thrombosis, intrauterine growth restriction, and stillbirth are associated with autoimmune diseases in the mother. The mechanism by which SLE aggravates the course of pregnancy and worsens its outcomes for the mother, fetus, and newborn remains undeciphered. Perhaps vascular lesions of the placenta, which are of a nature similar to lupus vascular lesions in SLE, are involved in this. Reproductive losses in mothers affected by SLE, especially with clinically active lupus, can reach 45% [Stepanova R.N., 2018].

Systemic lupus erythematosus is a systemic autoimmune rheumatic disease of unknown etiology, characterized by overproduction of organ-nonspecific autoantibodies to various components of the cell nucleus and the development of immunoinflammatory damage to internal organs. SLE is a prototype of a systemic human autoimmune pathology; it is one of the extremely heterogeneous diseases in terms of both clinical manifestations and genetic predisposition and mechanisms of pathogenesis, which often complicates early diagnosis and does not allow personalized therapy. Despite the fact that in the 21st century. 15-year survival rate for SLE has increased to 85%, insufficient control of disease activity, the need for almost constant use of glucocorticoids (GC) and immunosuppressive drugs lead to the accumulation of irreversible (accrul) damage to internal organs and, as a consequence, a decrease in quality of life, disability, and social maladaptation , premature mortality [Soloviev S.K., 2020].

SLE is the most common pathology from the group of systemic connective tissue diseases. According to 2010 data, the prevalence of the disease in the world is 3.3–8.8 per 100,000 children [1]. SLE predominantly affects girls and young women, and approximately 80% of patients with SLE are women. SLE rarely begins in children under 5 years of age, an increase in incidence is noted from the age of 8–9 years, and the peak occurs at the age of 14–25 years (the average age of onset is 11–12 years) [Alekseeva E. I., 2018] .

It is no coincidence that SLE is called a “chameleon disease” or “the great disease imitator”: there are about fifty diseases that require differential diagnosis with SLE, especially in the initial stages. These rheumatic diseases (early RA, juvenile chronic arthritis, systemic vasculitis, fibromyalgia, systemic scleroderma, idiopathic inflammatory myopathies, primary APS, drug-induced lupus) infectious diseases (Lyme borreliosis, tuberculosis, infectious mononucleosis, HIV infection, syphilis, hepatitis, viral arthritis). [N.G. Klyukvina, 2011].

American College of Rheumatology criteria for the diagnosis of SLE: malar rash, discoid rash, photosensitivity, oral and/or nasopharyngeal ulcers, arthritis, serositis, kidney damage, neurological disorders, hematological disorders, immunological disorders, antinuclear antibodies.

Systemic lupus erythematosus (SLE) is an autoimmune disease that affects many human organs and systems. In SLE, a large number of antibodies are formed to the antigens of one's own cells, as a result of which an immune complex inflammatory process develops that affects the heart, skin, kidneys, lungs, joints, and nervous system. In SLE, a fundamental property of the immune system, tolerance to autoantigens, is lost; as a result, antibodies are produced that attack the normal tissues of one's own body, which is accompanied by the development of autoimmune diseases. In patients with SLE, clinical manifestations such as multiple thrombosis appear, incl. PE, central nervous system diseases, livedo reticularis, labile hypertension, recurrent miscarriage.

The effect of SLE activity on obstetric outcomes of pregnancy was studied by researchers from Johns Hopkins University, Baltimore, USA. The course and outcomes of 267 pregnancies in patients with SLE were retrospectively followed. 229 (85.8%) pregnancies resulted in the birth of live children. High activity of SLE was noted in 57 (21%) pregnancies, of which 77% resulted in live births, while with minimal activity, 88% of children were born alive. M. Petri and his colleagues in 2015, by analyzing an extensive database, found that pregnancy in women affected by SLE is associated with a high risk of serious complications, often fatal for the mother, fetus, and newborn; with higher healthcare costs compared to women without lupus. The authors believe that when managing pregnancy, it is necessary to coordinate the interaction between the obstetrician and rheumatologist.

The problem of diagnosing and treating SLE is very relevant not only for rheumatology and nephrology, but also for other, at first glance, distant areas of medicine. Patients with SLE are often examined and treated for a long time with various diagnoses on an outpatient basis or hospitalized in infectious, neurological, gynecological, tuberculosis and other hospitals, which is why patients do not receive adequate treatment in a timely manner. Meanwhile, modern immunosuppressive therapy can radically change their fate. In this regard, it is necessary to once again remind doctors of various specialties that systemic lupus erythematosus is not a rare, serious, life-threatening disease that requires timely diagnosis and treatment.

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