Reactivation of Systemic Lupus erythematosus by Pregnancy in a Hemodialysis Patient

S.	Al Shohaib

King Khalid National Guard Hospital, Jeddah, Saudi Arabia

Dr. Saad Al Shohaib, King Khalid National Guard Hospital, PO Box 9515, Jeddah 21423 (Saudi Arabia)

Dear Sir,

The activity of systemic lupus erythematosus (SLE) tends to disappear once patients with lupus nephritis are on dialysis and the disease burns out. Pregnancy is well known to reactivate SLE. As a matter of fact we have seen quite a few cases where patients were diagnosed for the first time as having SLE while pregnant [1-3]. Here we describe a patient who had lupus nephritis, received dialysis and the disease became inactive. She then became pregnant and her disease was reactivated.

The patient was a 30-year-old Saudi lady known to have SLE for 8 years manifested mainly by arthritis, fever, anemia, and glomerulonephritis. She was treated with high doses of steroids for 5 years. Different measurements of ANA and anti-DNA were positive on different occasions in addition to a low C3 and C4. She was referred to us at that time (3 years ago) with serum Cr. of $300 \mu\text{mol/l}$ and a creatinine clearance of 25 ml/min with an active urine sediment. The kidney size was normal on ultrasound. A kidney biopsy was done which showed sclerosed glomeruli but very little activity in addition to severe interstitial damage and fibrosis. It was felt that the findings of the biopsy were consistent with end stage renal disease and it was not worth trying a more aggressive immunosuppressive therapy.

She was treated with steroids but her renal function continued to deteriorate and finally she needed dialysis. One year later her disease activity decreased as indicated by the disappearance of her symptoms and a negative serology for SLE. Steroids were tapered and finally discontinued. One year after starting dialysis she became pregnant. She was started on daily dialysis (6 sessions/ week); nevertheless she had a premature labor at 24 weeks and the fetus died. During pregnancy she had no signs of activity of her lupus, especially no arthritis, no systemic symptoms and her serology was negative for SLE. However after delivery she started to feel unwell, lethargic and finally had gross ascites.

Initially she had no other signs of activity of her lupus, particularly her ANA and anti-DNA titer were negative. An extensive work-up was done to find the cause of her ascites including collecting the fluid and culturing it. The culture was negative and the fluid was an exudate with 80% lymphocytes. Repeated serology for SLE showed a positive titer for anti-DNA. The patient was treated with high doses of steroids. She improved with this treatment and her ascites decreased in volume and finally disappeared within 3 weeks. This case is very unusual for the following reasons. (1) The patient was initially infertile because of SLE. (2) She was pregnant on dialysis once her disease burnt out. (3) Pregnancy in this case had reactivated SLE in a dialysis patient, which is very unusual. It is possible that

the administration of steroids to this patient during pregnancy would have saved her pregnancy.

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E-Mail karger@karger.ch Fax + 41 61 306 12 34 <http://www.karger.ch>

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