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Press release

Autoimmune diseases, women the most affected Pregnancy possible also in case of lupus

Florence, 28 April 2016 – Systemic Lupus Erythematosus (SLE) and the Antiphospholipid Antibody Syndrome (APS), the principal internistic autoimmune diseases, represent a perennial challenge for basic and clinical researchers in the various specialist areas. Lupus is a chronic disease, curable with appropriate treatments, absolutely non-contagious or infectious, which mainly affects women with a prevalence of 9 out of 10 sufferers. SLE belongs to a group of autoimmune diseases that also includes rheumatoid arthritis, multiple sclerosis and insulin-dependent diabetes mellitus, which are caused by an aggressive reaction of the individual's immune system against its own organs or tissues.

The Antiphospholipid Antibody Syndrome (APS) is a disease characterised by thrombotic episodes (formation of clots in the blood vessels), recurrent loss of foetus (abortion) and thrombocytopenia (a reduced number of platelets in the blood), caused by a group of auto-antibodies (antibodies that fight against tissue components of the individual who produces the same) called antiphospholipid antibodies. The disease prevalently affects young people aged between 20 and 40. Females are the most frequently affected, at a rate at least three times higher than that of males. The APS was originally observed in people suffering from SLE and it was thought to occur above all in these patients. Today we now know that there are numerous patients with APS who do not suffer from SLE.

The conference "Controversies in Systemic Lupus Erythematosus and Antiphospholipid Syndrome" to be held in Florence from 28 to 30 April 2016, organised by the University of Florence and promoted by the Fondazione Internazionale Menarini, is targeting all those who for various reasons have to deal with these systemic diseases so closely linked together. Some of the leading experts at an international level will be meeting to discuss at an interdisciplinary level, and one of the central issues of the conference concerns these diseases during pregnancy.

"In the past, pregnancy was advised against as the physiological changes during gestation were believed to be a risk factor for the recurrence of the disease that could also give rise to complications for the health of mother and foetus", explains Domenico Prisco, Professor of Internal Medicine at the University of Florence and Director of Medical Pathology of the

University Hospital of Careggi in Florence. “Today pregnancy is not discouraged, because it is possible to plan it in such a way as to avoid complications as far as possible”.

One of the actors apparently influencing the gestational outcome in lupus is the activity of the disease. In fact, there are high numbers of foetal losses observed when the onset of the disease occurs in concomitance with pregnancy. Generally, the risk is greater in women with SLE who face a pregnancy during an active disease or which has recently gone into remission (especially if the kidneys are involved).

Instead, the experts do not see eye to eye with regard to the possibility of exacerbation of the disease during pregnancy. “The progression of the disease depends on the status of the same during the six-twelve month period prior to conception”, warns Lorenzo Emmi, Professor of the Department of Translational Medicine and Surgery of the University of Florence. “It is also necessary to recognise in advance and appropriately treat any episodes of exacerbation of the disease and to reassess the presence of anti-nucleoprotein (ANA), anti-Ro (SS-A) and anti-La (SS-B) antibodies. Accurate foetal ultrasound monitoring is recommended as of the sixteenth week of gestation”.

In effect, the frequency of foetal losses varies between 11 and 24%, which is therefore much higher than in the healthy population. “In addition to foetal losses, which include spontaneous abortions, (before the tenth week of gestation) and endo-uterine foetal deaths (after the tenth week of gestation), other diseases which fortunately do not necessarily provoke loss of the foetus are also reported in pregnancies of patients with lupus, even though they may sometimes be the cause of the same”, adds Prisco. “First and foremost, preterm births which are reported with a significant frequency (24-59%). Apart from prematurity, delayed inter-uterine growth is also common in pregnancies of patients suffering from systemic lupus”.

Fortunately however, today pregnancy is no longer precluded in women with lupus. “Recent data on the gestational outcome in patients with systemic lupus demonstrate that the negative effects are only observed in an increasingly lower percentage of cases, in all likelihood due to the attention reserved for these pregnancies and the systematic multidisciplinary monitoring carried out fulltime by a team comprising not only of rheumatologists and immunologist, but also of obstetricians and neonatologists”, concludes Emmi.

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