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FERTILITY, PREGNANCY AND BEHÇET: WHAT RELATIONSHIP?

Leccese Pietro, Padula Maria Carmela, Lascaro Nancy, Padula Angela Anna

Rheumatology Institute of Lucania (IReL), San Carlo Hospital of Potenza, Italy

AIM

To analyse the relationship between Behçet syndrome (BS) and pregnancy, investigating both the prevalence and clinical characteristics of disease flares during pregnancy and the pregnancy outcomes in a large cohort of Italian patients with BS.

PATIENTS AND METHODS

This retrospective study was conducted recruiting a cohort of BS patients according to the criteria of the International Study Group for Behçet (ISG), following at Rheumatology Institute of Lucania from January 2000 to March 2019. We reviewed medical records and collected demographic and clinical data besides pregnancy-related data, in particular: maternal age, infertility, disease flares during and after pregnancy, post-partum maternal and neonatal complications (up to 6 months after pregnancy).

RESULTS

The results of this study are summarized in Table 1.

- We retrieved the medical records of 117 female BS patients and we studied 153 pregnancies in 96/117 subjects.
- 5 patients were diagnosed with infertility. 3 patients showed active disease (oral ulcers) at the time of conception.
- Disease flares were observed during gestation for 25/153 (16.3%) pregnancies, mainly mucocutaneous (oral and genital ulcers, erythema nodosum) and joint (arthralgia and arthritis) manifestations. 27/153 (17.6%) cases of disease flares were observed after pregnancy, with mucocutaneous (oral and genital ulcers, erythema nodosum) and joint (arthralgia and arthritis) involvement, as well as anterior uveitis.
- Miscarragies, preterm delivery, pre-eclampsia and eclampsia were observed in 27/153 (17.6%), 19/153 (12.4%), 6/153 (3.9%) and 2/153 (1.3%) pregnancies, respectively.
- No cases of neonatal complications or death were observed.

	BS patients (117) n (%)
Age at disease onset (years; average±SD)	23.7±13.1
Age at disease diagnosis (years; average±SD)	33.6±12.5
Disease Duration (years; average±SD)	23.1±11.6
Diagnostic Delay (years; average±SD)	10.8±9.9
Clinical manifestations	
Mucocutaneous involvement	
Oral aphtosis	117 (100.0)
Genital Ulcers	76 (65.0)
Erythema Nodosum	69 (59.0)
Follicolitits	18 (15.4)
Papulopustolar lesions	54 (46.2)
Pathergy test	8 (6.8)
Ocular involvement	
Posterior uveitis	22 (18.8)
Anterior uveitis	22 (18.8)
Panuveitis	7 (6.0)
Articular involvement	
Arthralgia	61 (52.1)
Arthritis	30 (25.6)
Vascular involvement	
Deep venous thrombosis	1 (0.9)
Superficial venous thrombosis	15 (12.8)
Neurological involvement	29 (24.8)
Systemic involvement	
Fatigue	35 (29.9)
Fever	43 (36.8)
Gastrointestinal involvement	4 (3.4)
HLA-B51 positivity	69 (59.0)
Pregnancy (n=153)	
Age at conception (years; average±SD)	33.8±3.1
Disease flares during pregnancy, n (%)	25 (16.3)
Disease flares after pregnancy, n (%)	27 (17.6)
Miscarragies, n (%)	27 (17.6)
Premature labours, n (%)	19 (12.4)
Pre-eclampsia, n (%)	6 (3.9)
Eclampsia, n (%)	2 (1.3)

Table 1. *Demographic and clinical features of Behçet syndrome patients*

CONCLUSIONS

The results of the present study underlined that:

a) BS disease clinical symptoms do not appear to aggravate during pregnancy;

b) the pregnancy does not appear to be associated with an increase of gestational complications and adverse maternal-fetal outcomes in case of BS.

However, due to the potential adverse events, especially of the vascular involvement, a strong pregnancy follow-up is recommended.

[1] Padula MC et al. doi: 10.1016/j.molimm.2019.11.005 [2] Leccese P et al. doi: 10.1080/03009742.2021.1885735

[3] Merlino G et al. doi: 10.23736/S0026-4784.20.04564-5.