

SJÖGREN'S SYNDROME AND PREGNANCY: MANAGEMENT OF THE DISEASE AND EFFECT ON THE FETUS

E Lacková¹, L Tarabčáková², A Cunderlik¹, I Rusnak¹

¹*1st Clinic of Gynecology and Obstetrics, SZU and UN Bratislava*

²*Rheumatology Clinic, The Hospital of St. Michal*

Email of corresponding author: eli.demesova@gmail.com

Background and Objectives: Autoimmune diseases do not negatively affect the ability of the spontaneous conception of a woman. However, in patients with autoimmune disease, complications are likely to be expected both on the pregnancy itself and on the significant negative impact on healthy fetal development. Problems complicated by these disorders have a high clinical impact on both pregnancy and disease. The effect of autoimmune disease on pregnancy varies depending on the type of maternal disease, disease activity, severity of organ damage, antibody profile, and treatment. Sjögren's syndrome is an autoimmune disease with a high prevalence of anti-SS-A (anti-

Ro) and anti-SS-B (anti-La) antibodies. Antibodies to SS-A are associated with congenital blockage of cardiac transmission (AVB).

Methods: A set of 5 patients and a review of the pregnancy outcomes in women with Sjögren's syndrome.

Results: Data on pregnancy outcomes in primary Sjögren syndrome are rare.

Discussion and Conclusions: Women with Sjögren's syndrome require prenatal counseling to explain the risks and the need for disease control before conception. High-risk pregnancy can be optimally managed by a multidisciplinary team.