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Letter to the Editor

The eular 2022- what is new? A lesson about belimumab therapy and pregnancy with autoimmune rheumatic diseases.

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Abstract:

While going through this excellent collection of high-quality scientific abstracts, we get caught by posters discussing safety and efficacy of antirheumatic drugs during pregnancy in mothers with the diagnosis of an autoimmune disease.

Key Words: pregnancy**;** congenital malformations (cm); autoimmune rheumatic diseases

Summary

The 2022 European League against Rheumatology meeting brought up a series of news and scientific updates that focused on what is new towards best clinical practice in the field of rheumatology. While going through this excellent collection of high-quality scientific abstracts, we get caught by posters discussing safety and efficacy of antirheumatic drugs during pregnancy in mothers with the diagnosis of an autoimmune disease.

There was that interesting abstract by Ghalandari and colleagues [1] of a retrospective cohort study in pregnant patients with systemic lupus erythematosus on belimumab therapy. The cohort was identified through the EudraVigilance database and included all belimumab-exposed pregnancy-related reports, until March 2021, a total of 47 pregnancies, disposing the reported fetal and neonatal outcomes with either scheduled discontinuation of belimumab therapy from the first trimester group A (number= 37) or continuation of therapy group B (number= 10). The authors excluded uninformative and dual reports, non-medical elective abortions and fetal chromosomal abnormalities. The primary outcomes considered included the frequency of live births or deaths due to miscarriage or still birth, the rates of; pre-term birth, low birth weight and major congenital malformations (CMs). The study concluded that there was no statistical difference in fetal death rates between the two groups (46.4% A and 52.4% B , respectively; p-value>0.05), while there was an observable tendency towards increased incidence of pre-term births (43.2% A vs 40% B, P > 0.05) and low birth weight babies (24.35% A, 0.00 % B respectively, P > 0.05) was higher with discontinuation of belimumab in the first trimester though statistically insignificant. [1]

The dilemma of a biologic drug risk versus benefit during pregnancy in patients with systemic lupus erythematosus though of significant relevance to clinical practice remains a matter of great concern due to ethical considerations and paucity of data. In Lupus, the uncontrolled disease activity by itself especially in the presence of lupus nephritis or high damage index might contribute to serious maternal and fetal adverse events. [2,3,4] In this interesting study, the authors concluded that continuation of belimumab in patients already on treatment might contribute to a better pregnancy outcome with an acceptable safety margin. [1] The study though interesting we find ourselves still encountered by the limitation of this small number of patients who continued the drug therapy during pregnancy (10 cases) compared to those schedules for discontinuation (37 cases).

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