

Pregnancy in women with relapsing minimal change disease – experience of a Tertiary Renal Obstetric Centre

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Background: In the past, termination of pregnancy was recommended when minimal change disease (MCD) recurred in a pregnant woman. Recent data on outcomes in pregnant women with MCD are lacking.

Methods: From our database of women attending the renal obstetric clinic from 1997-2019, we identified all women with MCD. We report obstetric outcomes: number of successful pregnancies, preeclampsia, preterm delivery and birth weight; and, maternal outcomes: relapse, acute kidney injury and worsening of renal function, hypertension (HTN).

Results: Out of 990 pregnancies in the database, we identified 21 pregnancies in 14 women. All women were in remission with no proteinuria at the time of conception. The majority (67%) of women were on immunosuppression: tacrolimus with or without prednisolone (43%, 9/21); cyclosporine with prednisolone (9%, 2/21); steroids alone (9%, 2/21); recent rituximab in an unplanned pregnancy (1/21).

The majority of babies (75%, n=15) delivered at term. Median gestation was 38 weeks [interquartile range (IQR) 36-40]. Small for gestational age incidence was 5%. There was one miscarriage at 18 weeks. No women developed pre-eclampsia and no congenital abnormalities were seen.

Relapses were seen in two women who stopped their maintenance immunosuppression, one during pregnancy and one postpartum. A third woman with frequently relapsing disease relapsed postpartum. One heavily nephrotic patient diagnosed during pregnancy developed AKI. One non-adherent hypertensive patient had worsening HTN during pregnancy and another had de novo HTN.

Conclusions:

In this series, the largest of the last thirty years, of women with relapsing MCD, despite high rates of immunosuppression, pregnancies were largely uncomplicated. Apart from an increased risk of prematurity, our data suggest pregnancies in MCD in remission are safe and that establishing secure remission is key.