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## Systemic Lupus Erythematosus and pregnancy

Systemic lupus erythematosus (SLE) is an autoimmune disease with a strong reproductive age female predilection. Hence pregnancy remains a commonly encountered yet high risk situation, morbidity includes higher risk of disease flares, pre-eclampsia and other pregnancy-related complications. Lupus nephritis is a common complication of SLE and can lead to scarring and permanent damage to the kidneys and possibly end-stage renal disease (ESRD).

A 29-year-old primigravida with 30+4 week's period of gestation, a referred case from a peripheral hospital, a known case of SLE(systemic lupus nephritis) with grade II lupus nephritis with chronic hypertension.

Patient was on follow up in AIIMS OPD from 18+5 weeks as a referred case, already on prednisolone, azathioprine, HCQ and ecospirin. Patient started on lobetalol and nifedipine at 23 weeks of gestation and was managed in consultation with medicine, nephrology and rheumatology department on OPD basis.

Patient was admitted at 27+6weeks i/v/o superimposed preeclampsia patient managed conservatively in consultation with nephrology and cardiology department and discharged with escalated doses of lobetalol and nifedipine.

Patient presented to OPD at 30+4 weeks with Color Doppler study of the fetus, showing IUGR with Doppler changes. Repeat Doppler study at 30+5 weeks showed absent flow in the umbilical artery with brain sparing effect. Emergency LSCS was done and a preterm alive female baby of weight 850gm was delivered, baby cried spontaneously at birth and was shifted to NICU i/v/o prematurity and IUGR. The patient is admitted in PNC ward and is being managed in consultation with nephrology department, baby still in NICU and is doing well.

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