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EDITÖRE MEKTUP/LETTER TO THE EDITOR

Management of multiple sclerosis attack in a pregnant woman

Gebe bir kadında multiple sclerosis atağı yönetimi

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Dear Editor,

Multiple sclerosis (MS) is a chronic inflammatory disease of the central nervous system with disseminated patches of demyelization of brain and spinal cord. The prevalence is twice more in young women than men. In early reports the stressful events such as pregnancy considered to cause relapse of MS[1]. The relapse is considered to be depended on the immunosupression caused by estrogen that associated with a Th-2 type immune response and down regulation of microglial activity[2]. In a study, pregnancy and birth did not influence the median and long-term effects of MS[3].

A 21-year-old primigravid (G1, P0) pregnant woman with an intrauterine pregnancy at 36 weeks and 6 days of with 6 years of multiple sclerosis referred to our Dicle University, School of Medicine, Department of Obstetrics and Gynecology. On cardiotocografic examination she had uterine contractions 3 times in ten minutes and 3 cm of cervical dilatation. On neurologic examination she had diplopia, transient visual loss and weakness and accepted as MS attack. She administered high dose methylprednisolone during the attack. We followed the case for 4 days without contractions. On the fifth day of the follow up, spontaneous labor had begun, during labor fetal distress occurred and we performed cesarean delivery. She had a 2800 g, 5-7 Apgar scores healthy baby. Both of them were discharged on day 4 without any complication.

What we know about the effects of MS on pregnancy and fetal outcomes is limited. In a current study Pecero et al[4] found no significant differences in the risk of spontaneous abortion and malformations, mean gestational age, frequency of cesarean delivery, birth weight and birth length between disease modifying drugs (DMD) exposed and unexposed pregnancies. For this, to prevent MS attacks DMD use on pregnants is very important.

Vanya et al. find increased poor fetal and neonatal outcomes in their study. They reported %7.9 intrauterine death in the third trimester. Because of poor neonatal and fetal outcomes MS pregnancies should examined closely in terms of fetal well being. Further, they reported %18.46 rate of miscarriage in the first trimester in women with MS[5].Hellwing et al found in their study that they did not observe an increased risk for premature birth, birth weight reduction or abnormalities in neonates of disease-modifying therapies-exposed mothers, neither did they observe increase of fetal malformation in their study[6]. In our case labor was actualized 36 weeks gestational age but similarly there were no poor fetal and neonatal outcome.

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