PREGNANCY AND DELIVERY IN WOMEN WITH TRASPLANTED KIDNEY

Murashko LE, Ravchenko NF, Limenchenko NI, Murashko AV

Scientific Center of Obstetrics, Gynecology and Perinatology, Moscow, Russia

In the recent years the amount of reproductive-aged women after renal transplantation has been increased. In this relation tactics of pregnancy management in these women is of great importance. Aim: to work out algorithm of pregnancy and delivery management in women with trasplanted kidney.

Material and methods: in 35 pregnant recipients of renal allograft clinical and biochemical examination, ultrasonography, Doppler waveforms recording of blood circulation in fetal, placental, uterine and renal vessels, urinalyses (Nechiporenko, Zimnitsky, Reberg tests) were performed every 2 weeks during the I-st and II-nd pregnancy trimesters and every week during the III-rd trimester.

Results: All patients before transplantation had been suffering from kidney pathology for a long period ended in chronic kidney insufficiency (33 patients had haemodialysis and 1 patient - peritoneal dialysis). Most patients became pregnant during the period from 2 to 5 years after transplantation. All the patients were given immunosuppressive therapy after transplantation, but Azathioprine were excluded with the beginning of pregnancy due to its embriotoxic effect. Pregnancy progression was accompanied by Cyclosporine A dose increasing depended on its blood concentration. At the beginning of pregnancy all observed women with the exception of 2 had satisfactory and stable renal transplant function. Pregnancy was associated with transient worsening of transplant function (increasing of resistance index (RI) of renal transplant, moderate decreasing of renal blood flow velocity, increased glomerular filtration, serum ammonium and creatinine increasing) started from the 3-rd trimester of gestation followed by normalization during 3 weeks after delivery. Moderate arterial hypertension (AH) (BP 140/90-150/100) was noted in 7 women before pregnancy; only in 2 cases AH occurred after 28 weeks of gestation and was accompanied by proteinuria. Daily proteinuria of all the patients was lower than 0,5 g/L with a slight trend to increase towards the full-term pregnancy. One of the most frequent pregnancy complications in women with transplanted kidney was anemia with decreased erythropoiesis. We observed the efficacy of recombinant human erythropoietin (EPO) using in 9 patients. Urinary tract infections were noted in 12 patients; in 2 of them chronic pyelonephritis was diagnosed before pregnancy. Antibacterial therapy was administered depending on the bacteriologic examination results Immunosuppressive, metabolic, spasmodic and vitamin therapy allowed to prolong pregnancy up to 37 0/7 weeks of gestation. Pregnancy was terminated by delivery in 33 cases (28 - term and 5 - preterm diliveries); 33 neonates were born.
All newborns were delivered alive and in good condition with absence of urinary tract pathology. In 2 cases we observed spontaneous pregnancy termination at 24 weeks of gestation because of intrauterine fetal death. One of 2 unsuccessful pregnancies was complicated by chronic transplantation insufficiency, another one ; by Fanconi syndrome. Breast-feeding was prohibited in all patients due to the risk of immunosupressive drugs; passing into the milk. A 3-22 year katamnesis period did not reveal pregnancy regarded transplant function worsening.

Conclusion: pregnancy in women with transplanted kidney can be considered to be safe for mother and fetus as well as renal transplant in case of strict indications for

its preservation and special approach to management.

email: opb@freemail.ru