

ABSTRACT

OBJECTIVE: No studies have been published to date that focus exclusively on pregnancy in Behcet's disease patients in the U.S. A comprehensive survey of American women with BD was conducted from November 2005 through June 2006.

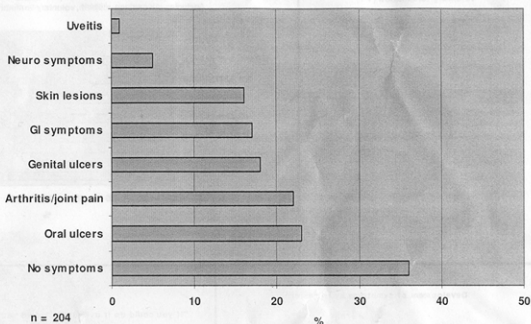
PATIENTS/METHODS: American women with Behcet's disease were invited to participate in a retrospective online survey of their pregnancy experiences. The offer was extended to U.S. members of the American Behcet's Disease Association, in addition to American members of three separate Behcet's patient support groups on the Internet. 100% of the participants had been diagnosed according to the criteria of the International Study Group for Behcet's Disease. 38% of the women relied on their memories and copies of their medical records to complete the survey, while 58% relied on memory alone. 74% of respondents were "very confident" in the accuracy of their responses; 24% were "confident". 19 of 31 pathology test recipients (61%) reported positive results. 14 patients received HLA screening; 3 (21%) exhibited HLA-B5 or B51. Of 37 women who knew their blood type, 24 (65%) had type O, with 19 (79%) of those women reporting O+. Nine women (24%) reported type A and 4 (11%) reported type B.

RESULTS: Sixty-five women completed the survey, with a total of 204 pregnancies. This is the largest survey of Behcet's pregnancies to date in any country. There were 137 live births (67%) and 55 miscarriages (27%), although 7 women alone were responsible for 35 of the miscarriages. 53 pregnancies (39%) were classified as high-risk. There were 92 natural births (70%) and 40 C-sections (30%, n=132). Reasons given for having a C-section included: previous c/s (8), breech (2), large baby, prolapsed cord, failure to dilate, premature birth, high blood pressure, transverse position and early labor, fetal distress and IUGR, fear of rupturing weak/previously hemorrhaged retinal blood vessels during labor, death of placenta, and possible tear in uterus from previous c/s scar.

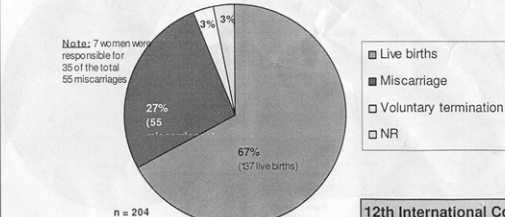
While pregnant, 20% of respondents reported an exacerbation of their BD symptoms, 41% maintained symptom activity consistent with pregnancy levels, 14% had fewer symptoms, and 13% had total remission of all symptoms. Flare-ups involved oral ulcers (23%), arthritis/joint pain (22%), genital ulcers (18%), GI problems (17%), skin lesions (16%) and uveitis (1%). Forty pregnancies (57% of 70 responders) had first-trimester flares, 18 (26%) had second-trimester flares, and 12 (17%) flared in the third trimester. **After delivery,** 37% of women had an increase in their symptoms over pregnancy levels, 36% remained at pregnancy levels, 11% improved, and 7% reported cessation of symptoms. Postpartum trouble spots: oral ulcers (26%), arthritis/joint pain (24%), genital ulcers (20%), GI (18%), skin lesions (17%), neurological problems (11%) and uveitis (3%). 41 (31%, n=132) infants were breast-fed, 54 (41%) were bottle-fed, and 37 (28%) were both breast- and bottle-fed. Breast-feeding problems included: no milk/not enough milk (12), difficulty latching on/sucking due to prematurity (4), nipples bled during nursing, severe nipple irritation/infection, infected milk ducts, quit due to baby's health problems, quit due to mother's need to use Behcet's meds after delivery, and too much milk produced. When asked if they would relive their pregnancies if they could, 42 mothers (65%, n=65) replied Yes Definitely; 12 (18%) Maybe; 5 (8%) Don't Know; 1 (2%) Probably Not; 5 (8%) Definitely Not.

CONCLUSION: While this retrospective survey of pregnancy in U.S. women with Behcet's provides valuable information, confirmation of the results is needed through a physician-based case-control study.

Clinical manifestations during pregnancy



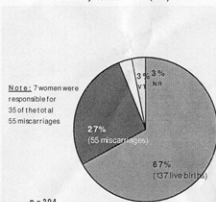
Percentage of live births vs miscarriage and voluntary termination



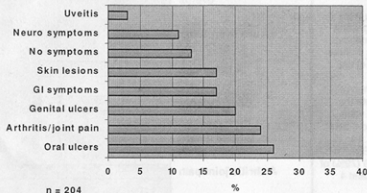
Behcet's disease, pregnancy and postpartum in the United States

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Percentage of live births vs miscarriage and voluntary termination (VT)



Clinical manifestations developed after delivery (including miscarriage, stillbirth, voluntary termination)

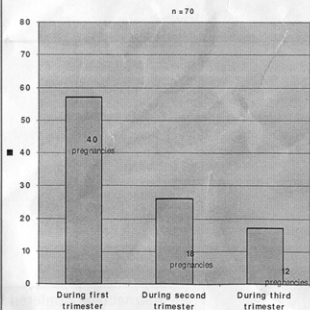


Infants' health problems in first 3 months

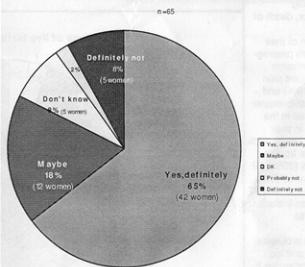
	# Infants	% Affected
Jaundice	30	22%
Low birth weight/premature	16	12
"breathing problems"	3	2
pneumonia	3	2
hole in heart	3	2
projectile vomiting	3	2
mouth/throat ulcerations	3	2
partially fused skull	3	2
"skin lesions"	2	1
"unknown inflammation"	2	1
fever of unknown origin	2	1
ear infections	2	1
"chicken pox" at 6 weeks	1	0.7
"developmental delays"	1	0.7
apnea with bradycardia	1	0.7
Arnold-Chiari malformation	1	0.7
born with bacterial infection, requiring IV antibiotics	1	0.7
born with high platelet count	1	0.7
both lungs collapsed	1	0.7
developed seizures at one month	1	0.7
failure to thrive	1	0.7
heart murmur (atrial septal defect)	1	0.7
hip dysplasia requiring cast	1	0.7
hypoplastic left heart syndrome	1	0.7
Klippel-Trenaunay (portwine stain)	1	0.7
low white count	1	0.7
one hip and knee rotated	1	0.7
pyloric stenosis	1	0.7
RSV (Respiratory Syncytial Virus)	1	0.7
Cavernous/capillary hemangiomas	1	0.7
slightly detached retinas at birth	1	0.7
thrush	1	0.7
umbilical infection	1	0.7
UTI	1	0.7
vesicoureteral reflux	1	0.7
IUGR	1	0.7

n = 137 live births; 73 infants (53%) reported health problems

Development of symptoms by trimester



"If you could do it over again, would you relive your pregnancy(ies)?"



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