in 11 babies (including a pair of twin). Caesarean operations were performed in 14 courses (including a pair of twin).

**Conclusions** In our hospital, we could well manage the course of pregnancy associated with SLE.

**Discussion** This case is exceptional, as the fetus had severe exudative pericarditis and had life-saving pericardiocentesis performed in utero. We want to draw the clinicians’ attention to the increased risk of NLE, when a mother earlier has given birth to a child with NLE. Regular fetal echocardiography is important from week 16. In case of first- and second-degree CHB, maternal corticosteroid can be tried to reverse the condition. Also, treatment with hydroxychloroquine or IVIG may decrease the risk of CHB.

**Results** There were a total of 197 pregnancies among 99 patients in the Lupus Database of the University of Santo Tomas Hospital in Manila, Philippines, who had a recorded pregnancy after SLE diagnosis, describing the maternal and fetal outcomes of each pregnancy.

**Conclusions** Although successful pregnancy outcomes are possible for SLE patients, miscarriages, preterm deliveries, blighted ovum and IUFD remain a concern, requiring close monitoring and intensive multi-speciality team approach.

**SLE Epidemiology and risk factors**

**Background and aims** Neonatal lupus erythematosus (NLE) is a passively acquired autoimmune disease of infancy, caused by the transplacental passage of maternal autoantibodies, mostly anti-RO/SSA and anti-LA/SSB. NLE presents with a transient rash and/or congenital heart block (CHB). The risk of developing NLE in SSA-positive women is ~2%, however the risk increases to 25%, if the mother has had a previous child with NLE.

**Objectives** We present a case of NLE characterised by a third-degree CHB, ascites and life-threatening pericardial effusion, which was treated twice with intrauterine pericardiocentesis in week 22 and 29. After birth the child was treated with systemic corticosteroid on and off for 1 year, and she later received a pacemaker and was treated with ACE inhibitor and diuretics due to heart failure. Now, at the age of 6 years, she is still treated with ACE inhibitor. Her older sister also had NLE and her mother was found to have asymptomatic anti-SSA >100 U/ml.

**Methods** We retrospectively reviewed the medical files of patients in the Lupus Database of the University of Santo Tomas Hospital in Manila, Philippines, who had a recorded pregnancy after SLE diagnosis, describing the maternal and fetal outcomes of each pregnancy.

**Results** There were a total of 197 pregnancies among 99 patients. Average age at first pregnancy was 29 years old.

**Conclusions** In our hospital, we could well manage the course of pregnancy associated with SLE.

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**Results** There were a total of 197 pregnancies among 99 patients. Average age at first pregnancy was 29 years old. Lupus Nephritis (LN) was present in 13.7%, hyperthyroidism 1.0%, and autoimmune thyroiditis 1.0%. Maternal complications intra- and post-partum included hypertension (5.6%), pulmonary tuberculosis (TB) (4.0%), pre-eclampsia (3.6%), HELLP syndrome, gestational diabetes (GDM) (3.0%), urinary tract infections (UTI) (3.0%), herpes zoster (2.0%) and 0.5% cases each of TB meningitis, TB spondylitis, dilated cardiomyopathy, and postpartum depression. Term deliveries were recorded in 98 (79.0%) pregnancies while 26 (21.0%) were delivered preterm. There were 73 (37.0%) nonviable pregnancies including miscarriages (82.2%), intrauterine fetal demise (IUFD) (11.0%) and blighted ovum (6.8%). Normal birth weight was recorded in 83.9% of infants. Congenital abnormalities included congenital heart block (0.8%), meningocoele (0.8%), thyroid abnormality (0.8%), G6PD deficiency (0.8%), and autism (0.8%).

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