FP114 BIOPSY PROVEN RENAL DISEASES OF PREGNANCY & THEIR EFFECTS ON FETOMATERNAL OUTCOMES

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INTRODUCTION AND AIMS: Kidney biopsy in pregnancy is a matter of debate due to previous reports of high complication rates. However, de novo glomerular disease and acute kidney injury (AKI) might necessitate a kidney biopsy. Furthermore, a biopsy can be obtained in the early gestational weeks to foresee pregnancy outcomes. In this study, we aimed to review our experience with renal biopsy in pregnancy.

METHODS: We reviewed 23 renal biopsies from 23 pregnant patients between 2012 and 2017. Age, gravida, parity, clinical presentation, gestational week of biopsy, pathological diagnosis, neonatal and maternal outcomes were recorded.

RESULTS: Patients were aged between 21-40 with mean age being 29.1±5.1. Median gravida and parity were 2 and 1 respectively. Clinical presentations were nephrotic syndrome (NS) in 8 patients (%42), hypertension in 8 patients (%42), AKI in 3 patients (%15) with one of them being systemic lupus erythematosus activation (SLE). Four of the cases were asymptomatic. Fourteen patients (%60) had nephrotic range proteinuria. Mean proteinuria was 5330±5790 mg/day. Mean gestational age at time of biopsy was 16±8 weeks. No major or minor biopsy related complications occurred. Pathological diagnoses were focal segmental glomerular sclerosis (FSGS) in 14 (60%) cases, thrombotic microangiopathy (TMA) in 6 (26,2%) cases. There were 2 cases of IgA nephropathy and 1 case of membranous nephropathy. Of those 14 patients with FSGS five patients (%35) received methylprednisolone (MPZ) plus cyclosporine, two patients (%14) received MPZ only, five patients (%35) were followed with supportive measures alone, two patients had their pregnancies terminated. All TMA cases were associated with preeclampsia or gestational hypertension. No specific treatment was employed.There was no maternal mortality. Three of the twenty-three (%13) cases needed prolonged hospitalization after birth; two mothers with severe NS and one patient with SLE activation. Only 5 of the patients (%21) reached term gestation; eleven (%47) had preterm gestation. Route of delivery was C/S in 14 patients (%87). Mean gestational age at birth was 33.3±4.3 weeks. Seven (%30) patients had poor pregnancy outcomes; four cases of termination, two cases of intrauterine exitus and one case of abortus, namely. Of the 16 babies born, one died due to prematurity. Mean birth weight was 2013±833 mg. Five of the babies (%31) were small for gestational age. All term babies had acceptable birth weights.

CONCLUSIONS: Renal diseases adversely affect pregnancy outcomes. Kidney biopsy is a safe and helpful procedure for pregnant patients.

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