



# Behçet's Syndrome Society

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Caring for those with a rare, complex and lifelong illness

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## Pregnancy and Behçet's Syndrome

### Introduction

Behçet's Syndrome is commonly diagnosed during the child bearing years, at a time when you may be thinking about starting a family. It is therefore important to understand what possible problems you may face and what treatments are considered safe to use before, during and after pregnancy. Behçet's Syndrome is not thought to affect fertility in women. Men with disease affecting the testes and treated with colchicine may have reduced sperm quality but this is thought to be an effect of the Behçet's rather than due to colchicine. Behçet's Syndrome in pregnancy is not usually associated with any harmful effects on the mother or her baby. In most women Behçet's seems to improve during pregnancy, however it may not always follow a similar course in successive pregnancies, and there is no clear way of predicting whether the disease will get better or worse in a particular pregnancy.

### Planning a pregnancy

If you are thinking about becoming pregnant, it is important to discuss this with your specialists. Some of your treatments may need to be altered. It is important for all women planning a pregnancy to start taking folic acid (which can be bought in any pharmacy) for 3 months prior to conception to reduce the risk of spina bifida. It is also important to ensure that you are immune to rubella, which can be checked with a blood test from your GP.

### What effect will Pregnancy have on my Behçet's Syndrome?

During pregnancy the various changes in your hormone and immune systems, designed to protect and nurture your growing baby, may also directly affect the clinical course of your Behçet's Syndrome. In the majority of women who fall pregnant (50-70%) at a time when their Behçet's is active, the pregnancy appears to improve the disease, with remission often continuing after the birth of their baby. There are however, those less fortunate (15-30%) in whom the disease gets worse during pregnancy, giving rise to painful ulceration of the mouth and genitals. This can have implications with regard to vaginal delivery and the need for effective pain relief. Other areas of the body which may become inflamed during pregnancy include the large joints and the eyes, with ongoing symptoms persisting after birth.

Occasionally due to the needs of either the mother or baby, delivery via Caesarean section is necessary. Following delivery some women with Behçet's Syndrome may experience an exaggerated inflammatory reaction around the site of an episiotomy or Caesarean section wound, a phenomenon

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referred to as pathergy. This is a result of overactive white blood cells and can mimic the signs of infection, which *must* be excluded prior to starting treatment with steroid cream. Wound healing appears not to be altered.

### **What effect will my Behçet's Syndrome have on a Pregnancy?**

Behçet's Syndrome appears to have mostly little or no detrimental effect on pregnancy; however recent evidence suggests that the rate of miscarriage may be increased. Gestational diabetes (diabetes developing during and resolving after pregnancy) may be more common, but this may be related to steroid and other treatments. Caesarean section rates may also be higher due to the baby or mother getting tired and labour not progressing or because some clinicians may recommend Caesarean section in cases of severe genital ulceration.

During pregnancy, all women are more prone to blood clots. In Behçet's Syndrome, where there is already a tendency for blood clots to develop in the veins and the arteries due to inflammation of the blood vessels the risk of blood clots is increased further. This most commonly affects the deep veins of the legs causing deep vein thrombosis (DVT). Rarely, in Behçet's Syndrome the veins within the liver (Budd Chiari syndrome) or brain (cerebral venous thrombosis) may be involved. The use of blood thinning agents, such as low molecular weight heparin is sometimes recommended in women who have had a previous thrombosis or in those with other risk factors for blood clots to help reduce this risk. Heparin is given by injections, which you can be taught to give yourself once a day during pregnancy and for six weeks after your baby is born.

### **What about my baby?**

In exceptional circumstances there have been isolated reports of babies of affected mothers suffering a transient form of Behçet's Syndrome, which may last up to six to eight weeks following birth. This is thought to be the result of antibodies crossing the placenta, which give rise to ulceration of the mouth and genital areas of the baby, as well as changes to the skin. Although this is extremely rare, following prompt exclusion of other conditions, doctors may wish to prescribe steroids to promote rapid healing.

### **Is it safe to continue my treatment in pregnancy?**

Many of the medications used in the treatment of Behçet's Syndrome are safe to use during pregnancy. These include prednisolone, cyclosporine, tacrolimus and azathioprine. Prednisolone, cyclosporin and tacrolimus increase the risk of developing gestational diabetes. There is now growing evidence to suggest that colchicine is also safe to use in pregnancy, and previous concerns about associations with fetal chromosomal abnormalities have not been proven. Newer agents such as the anti inflammatory antibodies Infliximab / etanercept have been used to treat other inflammatory conditions in pregnancy and appear safe. Ideally they should not be used after thirty weeks gestation in order to minimize the amount of the drug in the baby at the time of birth. However if treatment needs to be continued to keep the Behçet's Syndrome controlled then the advantages probably outweigh the theoretical disadvantages.

### **Unsafe treatments**

Thalidomide was originally developed as a treatment for morning sickness in pregnancy but it was withdrawn following its use in the late 1950s and early 1960s when it was realized that it caused a specific congenital abnormality leading to short or absent limbs. It is an effective treatment of oral and genital ulceration in Behçet's Syndrome but should *never* be used in pregnancy or in the absence of effective contraception. Mycophenolate mofetil may cause fetal malformations and should ideally be discontinued prior to pregnancy. It may sometimes be replaced with azathioprine. Disease modifying drugs such as low dose methotrexate, and cytotoxic drugs such as chlorambucil and cyclophosphamide used in Behçet's to treat inflammation of the brain and eye should also be avoided when planning a pregnancy as they too may cause fetal abnormalities. These drugs should be discontinued at least three months prior to conception and alternative medications commenced if necessary.

### **Breast feeding**

During breast feeding the risk of taking medication that may suppress your baby's immune system must be balanced against the many benefits that breast milk confers, and the risk of your disease relapsing if medication is not taken. Prednisolone and azathioprine are safe to use during breast feeding and only low concentrations of cyclosporine and tacrolimus are transferred to the breast milk so these may be safe as well. Similarly colchicine, which is secreted into breast milk, has had no adverse side effects associated with its use in mothers who are breast feeding. Other agents such as Infliximab and etanercept are not thought to be secreted in breast milk but there are as yet no data on whether these drugs are safe to use when breast feeding.

***Dr Marcus Martineau & Dr Catherine Nelson-Piercy, Feb 2009***