



A case report of a pregnancy in a patient with a renal amyloidosis and a familial mediterranean fever

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Objective

Familial mediterranean fever (FMF) is a multisystem autosomal recessive disease, in which there is a mutation of the MEFV gene. The prevalence is estimated at 1/100, 000-150, 000. A major symptom of FMF is recurrent periodic fever accompanied by pain in the abdomen, chest and joints. Inflammatory attacks of FMF may cause vital morbidities if not controlled and treated carefully. Secondary amyloidosis (AA) is commonly encountered in kidneys and relatively less seen in other tissues. Amyloidosis is the result of deposition of serum amyloid A protein and may cause perinatal morbidities and mortalities. We present the case of pregnancy outcomes, who have been diagnosed with a FMF complicated by a renal amyloidosis.

Methods

This is a case report.

Results

A 40 year- old patient gravida 7 para 3 had a history of FMF for 10 years, a chronic renal failure for 4 years and an ankylosing spondylitis for 1 year. Renal transplantation was performed after chronic renal failure developed, but rejection occurred after 1 month. She was on regular hemodialysis 3 h/day, 3 days/week. The pregnancy was diagnosed at 25 weeks of gestation while she was on colchicine, , canakinumab for FMF, adalimumab for ankylosing spondylitis, enalapril and doksazosin for hypertension. Among all the drugs she was taking, colchicin was stopped. The ultrasound follow up did not reveal any major abnormality. The dialysis regimen was intensified to 30 h/week (5-h treatment sessions on 6 days/week). The blood pressure was well controlled with an intensive hemodialysis, nifedipin 60mg/day and metoprolol 25mg/day. She went into a spontaneous premature labor with at 29 weeks of gestation with a vaginal delivery of a 1350 baby girl. The baby was admitted for 2 days in the intensive care unit for a transient neonatal respiratory distress.

Conclusion

FMF may cause adverse outcomes during the pregnancy and may also increase the risk of perinatal and maternal complications. Pregnancies with renal amyloidosis is usually associated with a higher rate of spontaneous abortions, stillbirths, IUGR, oligohydramnios with a worsening of the renal impairment. In our case FMF could explain the occurrence of preterm labor.