

# IATROGENIC GESTATIONAL DIABETES: SHOULD WE CHANGE OUR APPROACH

## IN WOMEN WHO TAKE ORAL CORTICOSTEROIDS?

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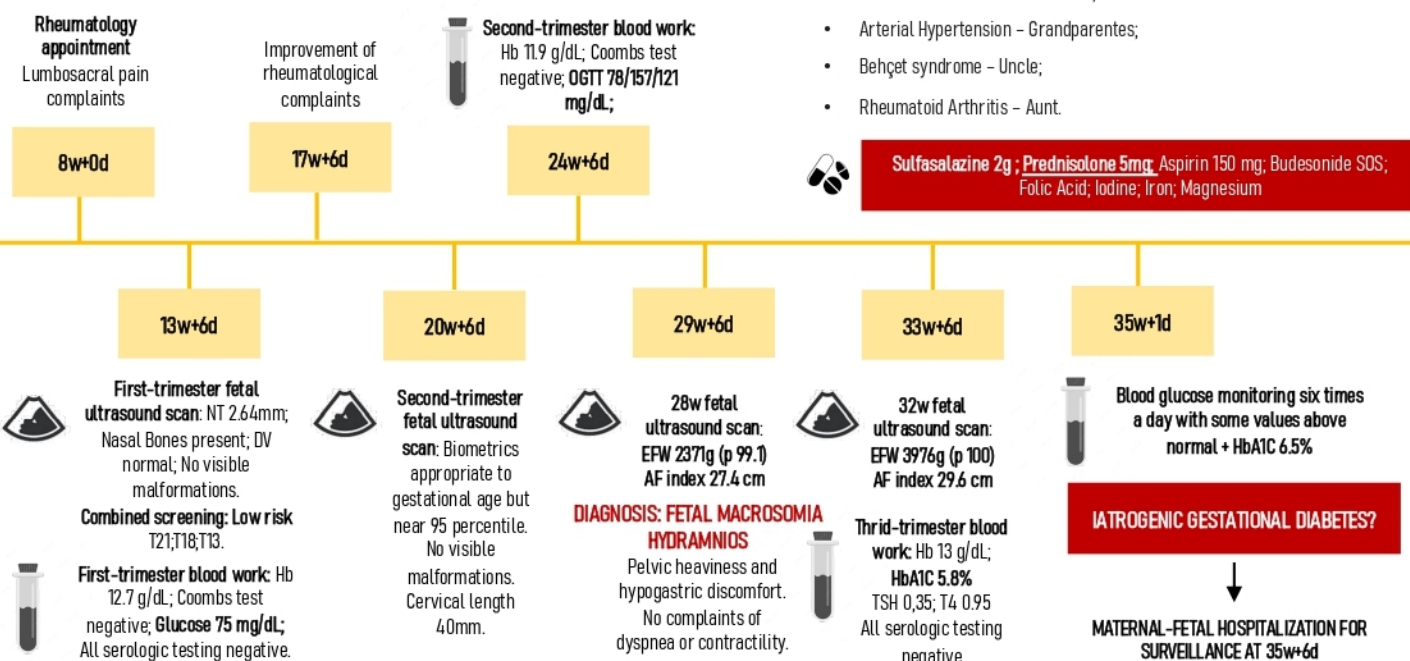


### INTRODUCTION

Peripheral spondyloarthritis (SpA) refers to patients who present SpA features that are mainly or completely peripheral rather than axial. Besides extraarticular manifestations, symptoms of arthritis, enthesitis or dactylitis dominate the clinical presentation. Oral corticosteroids have an immunosuppressive and anti-inflammatory effect and can be used to treat these patients.

The literature has noted that synthetic corticosteroids increases the risk of adverse pregnancy and birth outcomes in women with autoimmune diseases, such as preterm birth, preeclampsia, and gestational diabetes mellitus (GDM). However, little data exist about the association between chronic low dose corticosteroid therapy during pregnancy due to maternal conditions and development of GDM.

### PREGNANCY FOLLOW-UP



### ADMISSION

Surveillance by the endocrinological team  
- Blood glucose values within the intended values.

36w fetal ultrasound scan: EFW 4796g (p100);

Fetal echocardiogram: Muscular ventricular septal defect. Difficult assessment due to maternal obesity.



C-section at 36w+1d

HEALTHY MALE NEONATE : Weight: 4580 g; Length: 52.5 cm; Cephalic perimeter: 37 cm ; Apgar index 8/9/10; pH arterial 7.11; Base deficit 8

ANATOMOPATHOLOGICAL REPORT OF THE PLACENTA

"Placenta of preterm pregnancy with increased weight (860g), balanced fetoplacental weight ratio and hyperspiral umbilical cord, in which the following stand out: delayed villous maturation, with a diffuse pattern; low-grade fetal vascular malperfusion lesions with a global pattern (partial/intermittent obstruction); Presence of meconium pigment."

### PUERPERIUM

DIABETES RECLASSIFICATION TEST: NEGATIVE (6 weeks post partum) 82 mg/dL; 103 mg/dL

WORSENING OF RHEUMATOLOGICAL COMPLAINTS - Started biweekly Adalimumab



NEONATOLOGY APPOINTMENT - FIRST MONTH

Holosystolic murmur at the lower left border of the sternum

Right testicle in the inguinal canal



FETAL ECHOCARDIOGRAM  
Restrictive apical muscular ventricular septal defect  
Minimal restrictive ductos arteriosus  
Patent foramen ovale with shunt L-R

FOLLOW-UP AT PEDIATRIC CARDIOLOGY + PEDIATRIC SURGERY

### CONCLUSION

Studies have found evidence that pregnant women who receive higher doses of corticosteroids are at a greater risk of developing GDM compared to those who receive lower doses. Additionally, the risk appears to be highest among women who receive corticosteroids for a period longer than four weeks. With this case, we should be aware that even minimal dose of corticosteroids could lead to adverse outcomes. At the moment, there are no clear guidelines regarding the monitoring of blood glucose levels in pregnant women undergoing steroid therapy, but some studies strongly recommend checking casual blood glucose before and during treatment with corticosteroids. Therefore, steroid use should warrant more aggressive screening for GDM, above and beyond routine recommendations.

#### ABBREVIATIONS

NT, nuchal translucency; DV, Ductus Venosus; Hb, Haemoglobin; OGTT, Oral Glucose Tolerance Test; g, grams; p, percentile; w, weeks; d, days; HbA1C, glycosylated haemoglobin; EFW, Estimated Fetal Weight.