Abstract

Aims: determining the most frequent glomerulopathies in cases of biopsy-proved glomerular disease which was active during pregnancy; the literature was searched for such patients. Ascertaining clinical-pathological features, glomerular disease evolution, and maternal and obstetrical outcomes. Material and methods: this was a descriptive, retrospective study of a case series. Our archives were searched (01/2000 to 09/2007) for all cases of pregnant women who attended the Hospital San Vicente de Paúl, Medellín, Colombia, with biopsy-proved glomerular disease. There were no exclusions. Maternal and neonatal complications were studied. Results: eleven patients constituted our study: four cases of lupus nephritis, two rapidly progressive glomerulonephritis (RPGN) due to crescentic GN and Wegener's granulomatosis, three nephrotic syndrome cases due to focal and segmental glomerulosclerosis (FSGS), one case with type I membranoproliferative GN and another one with immune complex-mediated proliferative GN. There were eclampsia and "endotheliosis" in two cases. Maternal outcome was fatal in three cases: two eclamptic women and another one with Wegener's granulomatosis. Three stillbirths occurred in our 11 cases, two in eclamptic patients and another one in a woman with lupus nephritis and antiphospholipid syndrome. Primary glomerulopathies did not demonstrate impairment during pregnancy. Conclusions: pregnant women suffering from glomerular disease have an increased risk of maternal and foetal complications occurring; however, maternal and foetal outcomes can be improved with intensive medical care. Rigorous obstetric control is necessar y in pregnant women with lupus nephritis. Renal biopsy may be postponed until after giving birth in cases where there is no precise indication for treatment.

Keywords

Glomerular disease, glomerulopathy, glomerulonephritis, Hispanics, pregnancy, renal biopsy.