

ANTI-TNF THERAPY AND PREGNANCY IN INFLAMMATORY BOWEL DISEASE: A PROSPECTIVE COHORT STUDY FROM THE GETAID.

Mariam Seirafi¹, Benedicte De Vroey², Jacques Cosnes³, Xavier Treton⁴, Xavier Roblin⁵, Mathieu Allez⁶, Philippe Marteau⁷, Martine De Vos⁸, Mathurin Flamant⁹, David Laharie¹⁰, Guillaume Savoye¹¹, Laurent Peyrin-Biroulet¹², Hedia Brix-Benmansour¹³, Nicolas Mathieu¹⁴, Yoram Bouhnik¹⁵

¹GENEVA UNIVERSITY HOSPITAL Gastroenterology and Hepatology, Geneva, Switzerland, ²CHU, Lille, France, ³Hôpital Saint-Antoine, Paris, France, ⁴Hôpital Beaujon, Clichy, France, ⁵CHU, Saint-Etienne, France, ⁶Hôpital Saint-Louis, Paris, France, ⁷Hôpital Lariboisière, Paris, France, ⁸CHU, Gent, Belgium, ⁹CHU, Nantes, France, ¹⁰CHU, Bordeaux, France, ¹¹CHU, Rouen, France, ¹²CHU, Nancy, France, ¹³CHU, Reims, France, ¹⁴CHU, Grenoble, France, ¹⁵Hôpital Beaujon, Clichy, France

INTRODUCTION: The aim of this study was to assess the impact of anti-TNF treatments on fetal development and pregnancy outcome in inflammatory bowel disease.

AIMS & METHODS: Pregnancies occurring during anti-TNF therapy or less than 3 months after withdrawal of it in IBD patients followed in GETAID centres, were recorded from 01/01/2009 to 31/12/2010. Dosage and duration of exposure to anti-TNFs and associated treatments were recorded. Disease activity as well as maternal-fetal, obstetrical and neonatal complications were ascertained.

RESULTS: 130 pregnancies were recorded in 123 patients (98 CD, 23 UC, 2 IC), median age 29 years, of which 13/130 (10%) are still ongoing. 14/130 (11%) pregnancies were interrupted, mostly for miscarriages (8%), 103/117 (88%) were completed and resulted in 103 live births. At conception, 29/130 (22%) patients were in relapse and 101/130 (78%) in clinical remission. 23/101 (23%) patients in remission at the time of conception experienced flares during pregnancy. The anti-TNFs used were infliximab, adalimumab and certolizumab in 64%, 32% and 4%. Thiopurines were given in association in 22/130 (17%) cases (azathioprine=20, mercaptopurine=2). Median duration of anti-TNF therapy at conception was 63 weeks. Of the 103 completed pregnancies, anti-TNFs were preventively interrupted in 74/103 (72%) patients at the end of 2nd trimester and pursued until delivery in 22/103 (21%) patients. Completed pregnancies were uneventful in 74% (76/103) of cases, complicated in 26% (27/103) of cases: 20% premature deliveries (<37 GW) among live births, 4% metabolic complications, 1% maternal infections, one colectomy for severe UC. Among the 103 live births, 22/103 (7%) presented 29 neonatal complications, namely 20 (20%) hypotrophy (birth weight <2500g), 3 respiratory distress syndromes, 3 neonatal jaundices, 2 infections, 1 congenital malformation.

CONCLUSION: Our results support that one third of pregnancies exposed to anti-TNFs are complicated. These data are similar to those reported in historical IBD cohorts, suggesting an absence of excess risk linked to anti-TNFs. Based on the number of patients currently collected, the final results of our cohort which should include at least 116 births under anti-TNF will be available by October 2011.