

Azathioprine/etanercept

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Systemic lupus erythematosus flare: case report

In a case report involving 2 patients, a 39-year-old woman was described, who developed systemic lupus erythematosus flare following discontinuation of azathioprine and etanercept during pregnancy [*dosages, routes and outcome not stated*].

The woman (gravida 2 and para 1) was diagnosed with systemic lupus erythematosus at the age of 19 years. She had an obstetric history of preeclampsia. She presented with coughing and dyspnoea at 19 weeks of gestation. She had been receiving azathioprine, etanercept and hydroxychloroquine. She was treated with etanercept for therapy resistant arthritis and disabling. She also started receiving prophylactic aspirin [acetylsalicylic acid] after pregnancy was confirmed. Her RT-PCR test was positive for COVID-19 infection. Subsequently, etanercept and azathioprine were discontinued. She was sent home to recover in quarantine. Nine days later, she reported arthralgia consistent with flare in systemic lupus erythematosus disease.

The woman restarted azathioprine. Fifteen days later, she had no COVID-19 symptoms. Subsequently, she restarted etanercept. At 30 weeks of gestation, etanercept was discontinued. Thereafter, she developed oligoarthritis which was consistent with flare in systemic lupus erythematosus and was confirmed by her rheumatologist (MCP2, CMC1, ankle and right knee). She was treated with triamcinolone [triamcinolone acetonide] injections. She was admitted for caesarean section. She delivered a healthy baby boy weighing 4205g with APGAR score of 9/10. However, the delivery was complicated by a placenta accrete resulted in a massive haemorrhage. Hence, she was treated with calcium, sulpostron, tranexamic acid, fibrinogen and two packed cells. Three days after delivery, both mother and her son were discharged from the hospital.

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