FACULTÉ DE MÉDECINE
PIERRE & MARIE CURIE

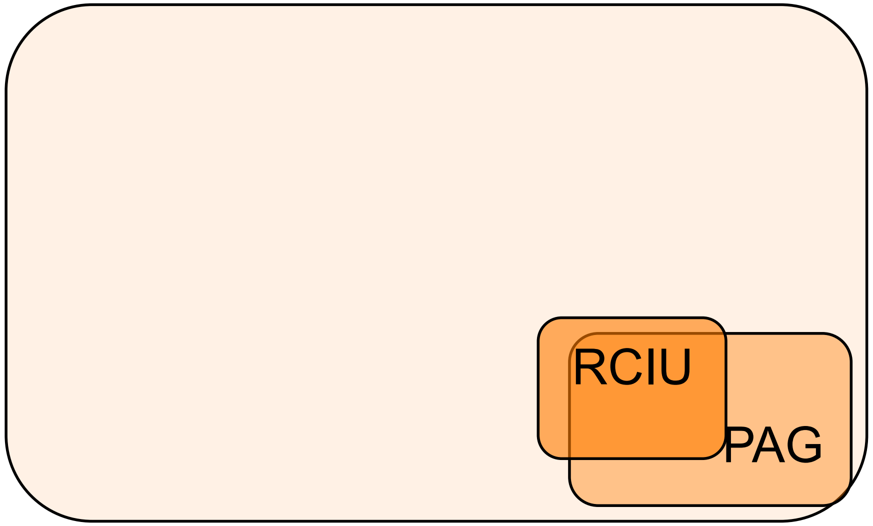
Maladie de Behçet et grossesse

Kinder
SURPRISE

Jacky Nizard
GH Pitié Salpêtrière
Paris

L’obstétrique, c’est…

- 10-20 % de FCS
- 7-8 % de prématurité en France
- 10 % de PAG (RPC 2013)



- 21 % de césariennes
- 0,5% de MFIU

Inflammation chronique

- Anémie
- RCIU
- Thrombose veineuse
- Prématurité
- Risque des traitements… et iatrogénie.

Behçet & grossesse

ORIGINAL ARTICLE

Behçet's disease and pregnancy

Jim Jadaon, Asher Shushan, Yossef Ezra, Hen Y. Sela, Cuneyt Ozcan and Nathan Rojansky

From the Department of Obstetrics and Gynecology, Hadassah Hebrew University Medical Center, Ein-kerem, Jerusalem, Israel

Acta Obstet Gynecol Scand 2005; 84: 939–944. © Acta Obstet Gynecol Scand 84 2005

Poussées

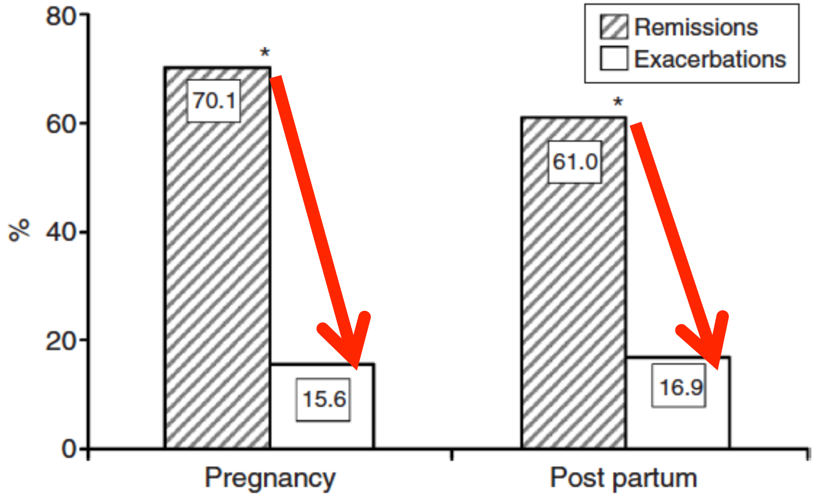
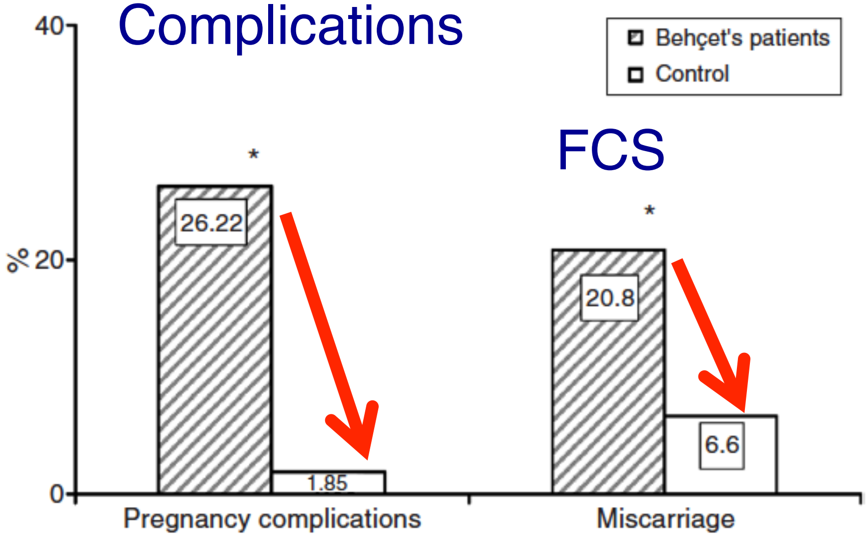


Fig. 1. The influence of pregnancy on Behçet's disease (*$P < 0.001$).

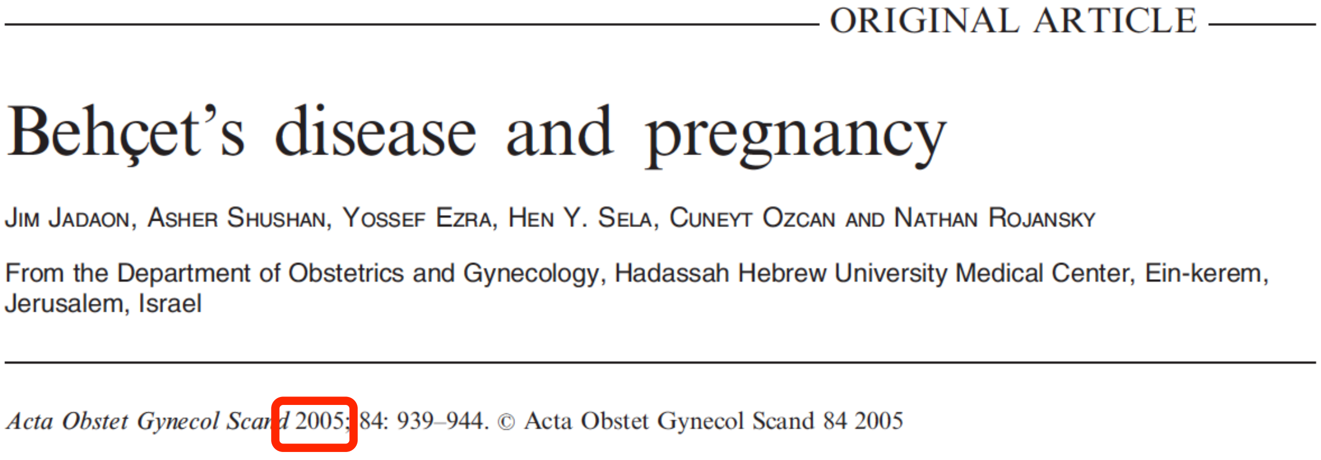


Complications

FCS

Fig. 2. Pregnancy complications and miscarriage rates in Behçet's patients and controls (*$P < 0.001$).

Behçet & grossesse



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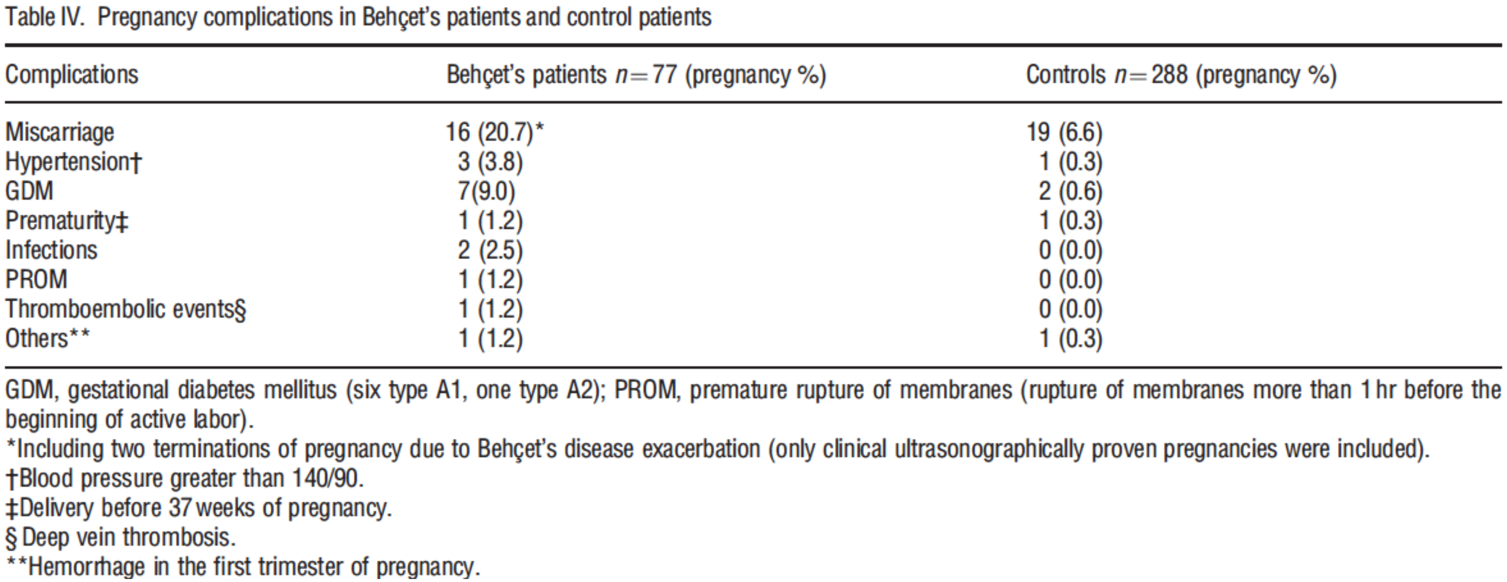

Table IV. Pregnancy complications in Behçet's patients and control patients

Complications	Behçet's patients $n=77$ (pregnancy %)	Controls $n=288$ (pregnancy %)
Miscarriage	16 (20.7)*	19 (6.6)
Hypertension†	3 (3.8)	1 (0.3)
GDM	7(9.0)	2 (0.6)
Prematurity‡	1 (1.2)	1 (0.3)
Infections	2 (2.5)	0 (0.0)
PROM	1 (1.2)	0 (0.0)
Thromboembolic events§	1 (1.2)	0 (0.0)
Others**	1 (1.2)	1 (0.3)

GDM, gestational diabetes mellitus (six type A1, one type A2); PROM, premature rupture of membranes (rupture of membranes more than 1 hr before the beginning of active labor).

*Including two terminations of pregnancy due to Behçet's disease exacerbation (only clinical ultrasonographically proven pregnancies were included).

†Blood pressure greater than 140/90.

‡Delivery before 37 weeks of pregnancy.

§ Deep vein thrombosis.

**Hemorrhage in the first trimester of pregnancy.

Behçet & grossesse

ARTHRITIS & RHEUMATISM
Vol. 65, No. 9, September 2013, pp 2450–2456
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Behçet's Disease and Pregnancy

Nicolas Noel, Bertrand Wechsler, Jacky Nizard, Nathalie Costedoat-Chalumeau,
Du Le Thi Huong Boutin, Marc Dommergues, Danièle Vauthier-Brouzes,
Patrice Cacoub, and David Saadoun

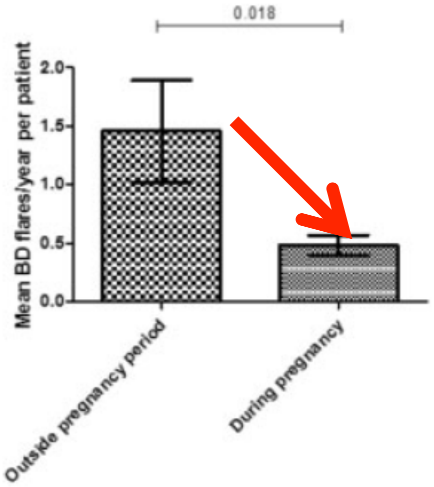
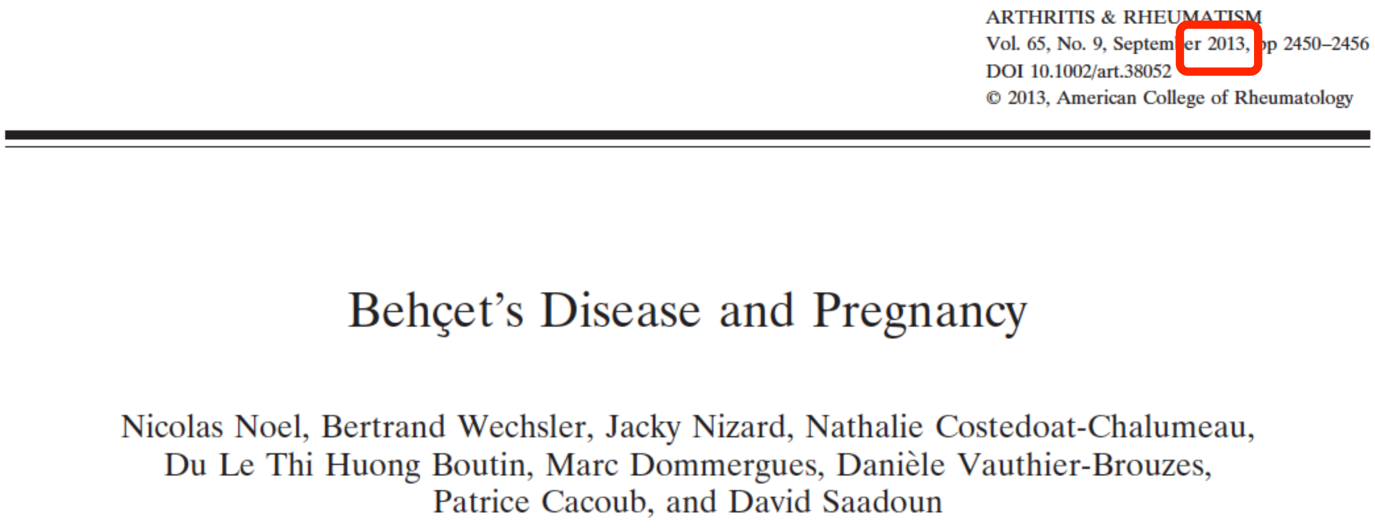


Figure 2. Incidence of Behçet's disease (BD) flares per year per patient during pregnancy and before and after the pregnancy period. Bars show the mean ± SD.

Behçet & grossesse



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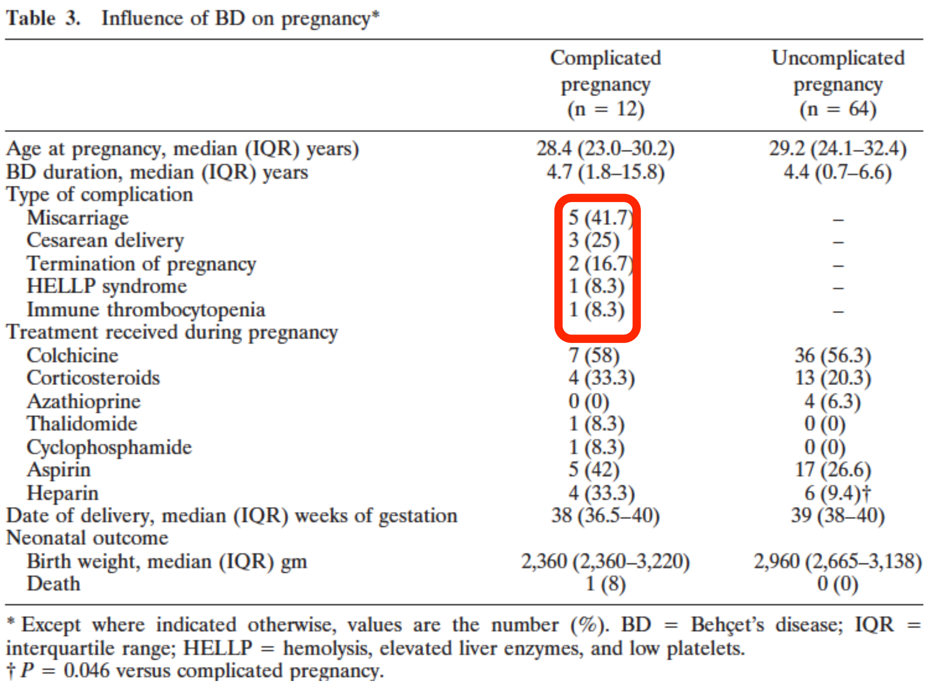
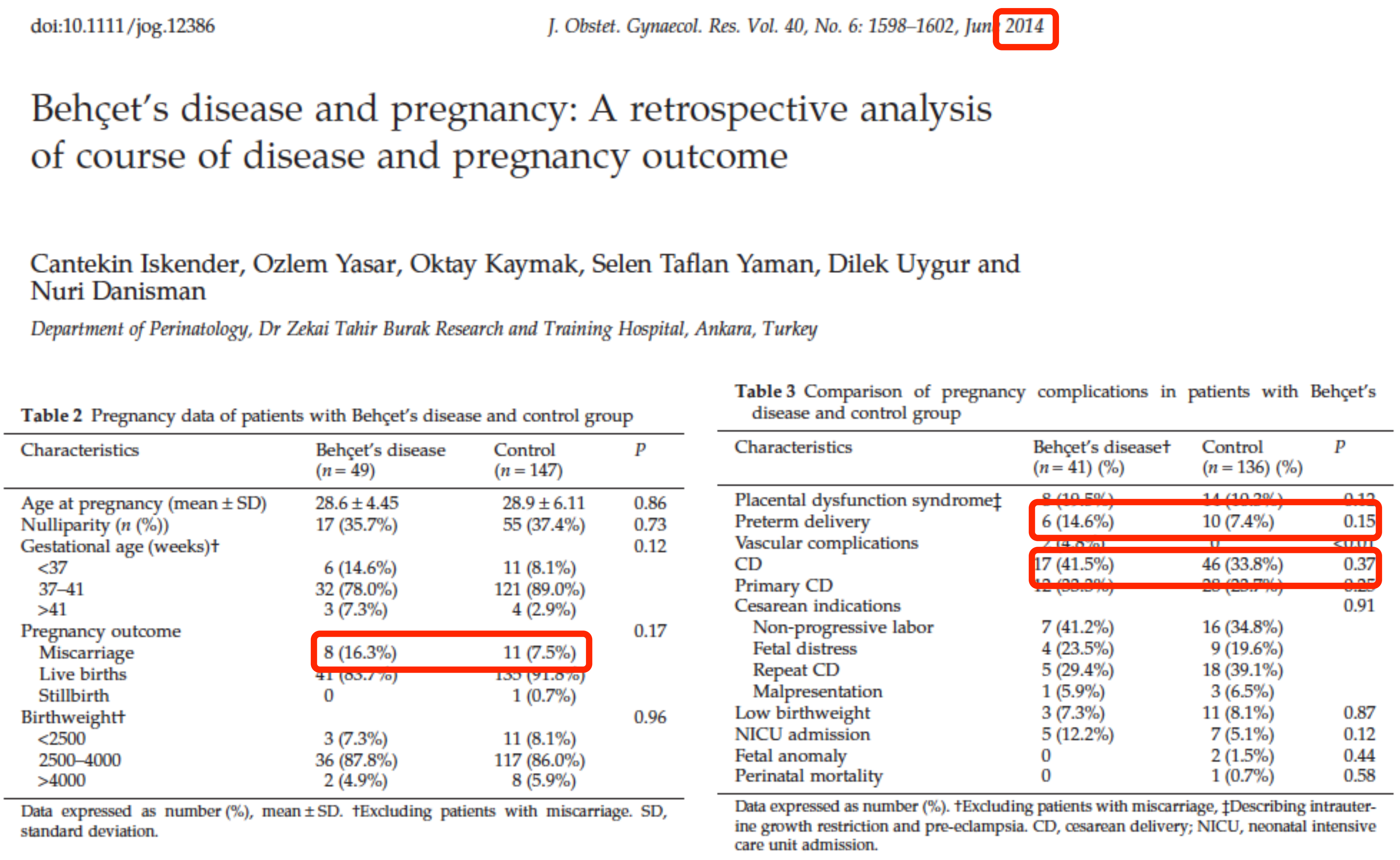


Table 3. Influence of BD on pregnancy*

	Complicated pregnancy (n = 12)	Uncomplicated pregnancy (n = 64)
Age at pregnancy, median (IQR) years)	28.4 (23.0–30.2)	29.2 (24.1–32.4)
BD duration, median (IQR) years	4.7 (1.8–15.8)	4.4 (0.7–6.6)
Type of complication		
Miscarriage	5 (41.7)	–
Cesarean delivery	3 (25)	–
Termination of pregnancy	2 (16.7)	–
HELLP syndrome	1 (8.3)	–
Immune thrombocytopenia	1 (8.3)	–
Treatment received during pregnancy		
Colchicine	7 (58)	36 (56.3)
Corticosteroids	4 (33.3)	13 (20.3)
Azathioprine	0 (0)	4 (6.3)
Thalidomide	1 (8.3)	0 (0)
Cyclophosphamide	1 (8.3)	0 (0)
Aspirin	5 (42)	17 (26.6)
Heparin	4 (33.3)	6 (9.4)†
Date of delivery, median (IQR) weeks of gestation	38 (36.5–40)	39 (38–40)
Neonatal outcome		
Birth weight, median (IQR) gm	2,360 (2,360–3,220)	2,960 (2,665–3,138)
Death	1 (8)	0 (0)

* Except where indicated otherwise, values are the number (%). BD = Behçet's disease; IQR = interquartile range; HELLP = hemolysis, elevated liver enzymes, and low platelets.
† $P = 0.046$ versus complicated pregnancy.

Behçet & grossesse



doi:10.1111/jog.12386 *J. Obstet. Gynaecol. Res. Vol. 40, No. 6: 1598–1602, June 2014*

Behçet's disease and pregnancy: A retrospective analysis of course of disease and pregnancy outcome

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Department of Perinatology, Dr Zekai Tahir Burak Research and Training Hospital, Ankara, Turkey

Table 2 Pregnancy data of patients with Behçet's disease and control group

Characteristics	Behçet's disease (*n* = 49)	Control (*n* = 147)	*P*
Age at pregnancy (mean ± SD)	28.6 ± 4.45	28.9 ± 6.11	0.86
Nulliparity (*n* (%))	17 (35.7%)	55 (37.4%)	0.73
Gestational age (weeks)†			0.12
<37	6 (14.6%)	11 (8.1%)	
37–41	32 (78.0%)	121 (89.0%)	
>41	3 (7.3%)	4 (2.9%)	
Pregnancy outcome			0.17
Miscarriage	8 (16.3%)	11 (7.5%)	
Live births	41 (83.7%)	135 (91.8%)	
Stillbirth	0	1 (0.7%)	
Birthweight†			0.96
<2500	3 (7.3%)	11 (8.1%)	
2500–4000	36 (87.8%)	117 (86.0%)	
>4000	2 (4.9%)	8 (5.9%)	

Data expressed as number (%), mean ± SD. †Excluding patients with miscarriage. SD, standard deviation.

Table 3 Comparison of pregnancy complications in patients with Behçet's disease and control group

Characteristics	Behçet's disease† (*n* = 41) (%)	Control (*n* = 136) (%)	*P*
Placental dysfunction syndrome‡	8 (19.5%)	14 (10.3%)	0.12
Preterm delivery	6 (14.6%)	10 (7.4%)	0.15
Vascular complications	2 (4.8%)	0	<0.01
CD	17 (41.5%)	46 (33.8%)	0.37
Primary CD	12 (29.3%)	28 (20.7%)	0.25
Cesarean indications			0.91
Non-progressive labor	7 (41.2%)	16 (34.8%)	
Fetal distress	4 (23.5%)	9 (19.6%)	
Repeat CD	5 (29.4%)	18 (39.1%)	
Malpresentation	1 (5.9%)	3 (6.5%)	
Low birthweight	3 (7.3%)	11 (8.1%)	0.87
NICU admission	5 (12.2%)	7 (5.1%)	0.12
Fetal anomaly	0	2 (1.5%)	0.44
Perinatal mortality	0	1 (0.7%)	0.58

Data expressed as number (%). †Excluding patients with miscarriage, ‡Describing intrauterine growth restriction and pre-eclampsia. CD, cesarean delivery; NICU, neonatal intensive care unit admission.

Behçet & grossesse

260 grossesses chez 101 femmes

- Plus d'améliorations que de poussées
- Poussées ophthalmo.
- Celles qui ont thrombosé sont plus à risque de complications obstétricales

Behçet & grossesse

Traitements

- Parfois le vrai problème
- Attention aux traitements contre-indiqués pendant la grossesse
- Colchicine

Behçet & grossesse

Pregnancy outcome after in utero exposure to colchicine

Orna Diav-Citrin, MD; Svetlana Shechtman, PhD; Vardit Schwartz, MscPharm; Meytal Avgil-Tsadok, MSc;
Victoriya Finkel-Pekarsky, BscPharm; Rebecka Wajnberg, MSc; Judy Arnon, PhD;
Matitiahu Berkovitch, MD; Asher Ornoy, MD

American Journal of Obstetrics & Gynecology AUGUST 2010

1994-2006

Israël

97% T1

7,5% Behçet

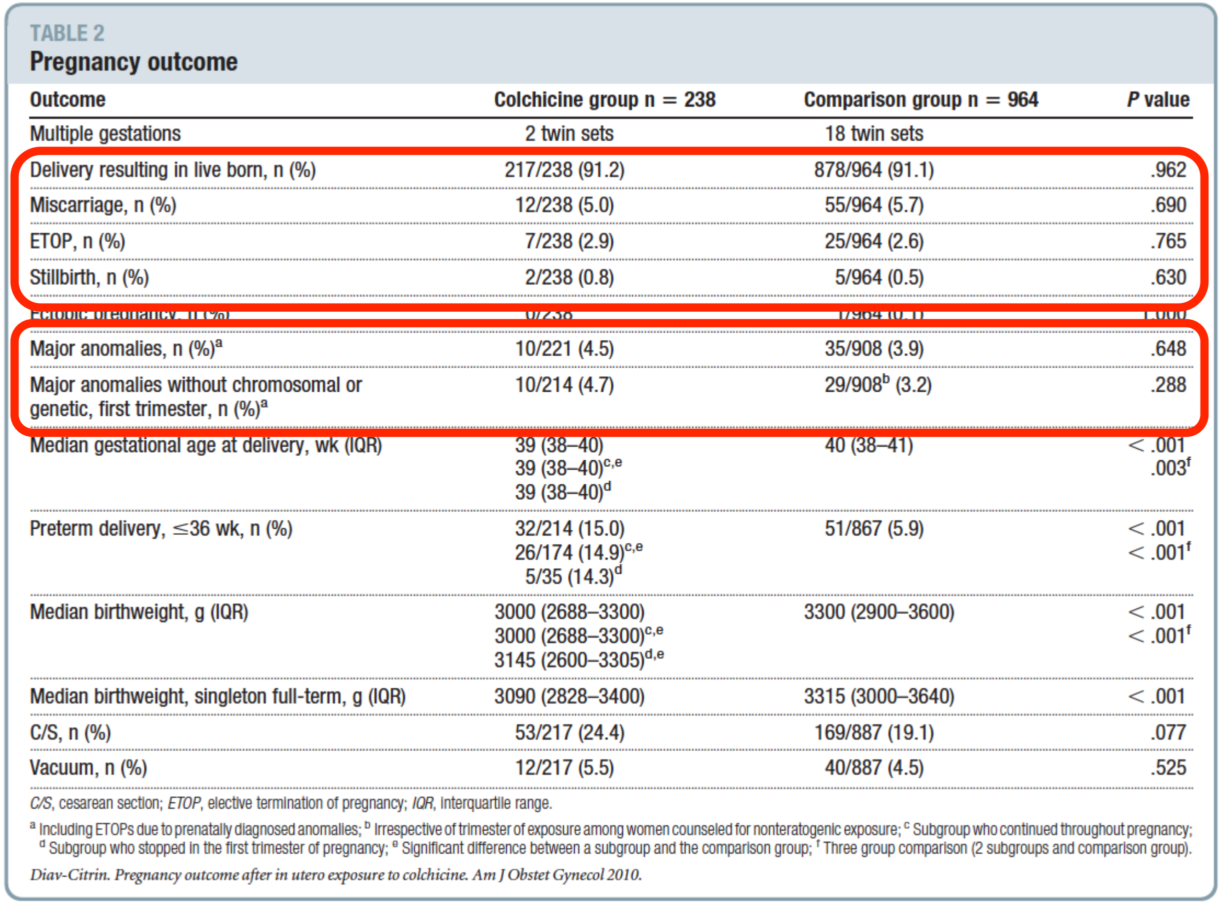

TABLE 2
Pregnancy outcome

Outcome	Colchicine group n = 238	Comparison group n = 964	*P* value
Multiple gestations	2 twin sets	18 twin sets	
Delivery resulting in live born, n (%)	217/238 (91.2)	878/964 (91.1)	.962
Miscarriage, n (%)	12/238 (5.0)	55/964 (5.7)	.690
ETOP, n (%)	7/238 (2.9)	25/964 (2.6)	.765
Stillbirth, n (%)	2/238 (0.8)	5/964 (0.5)	.630
Ectopic pregnancy, n (%)	0/238	1/964 (0.1)	1.000
Major anomalies, n (%)[a]	10/221 (4.5)	35/908 (3.9)	.648
Major anomalies without chromosomal or genetic, first trimester, n (%)[a]	10/214 (4.7)	29/908[b] (3.2)	.288
Median gestational age at delivery, wk (IQR)	39 (38–40) 39 (38–40)[c,e] 39 (38–40)[d]	40 (38–41)	$<$ .001 .003[f]
Preterm delivery, ≤36 wk, n (%)	32/214 (15.0) 26/174 (14.9)[c,e] 5/35 (14.3)[d]	51/867 (5.9)	$<$ .001 $<$ .001[f]
Median birthweight, g (IQR)	3000 (2688–3300) 3000 (2688–3300)[c,e] 3145 (2600–3305)[d,e]	3300 (2900–3600)	$<$ .001 $<$ .001[f]
Median birthweight, singleton full-term, g (IQR)	3090 (2828–3400)	3315 (3000–3640)	$<$ .001
C/S, n (%)	53/217 (24.4)	169/887 (19.1)	.077
Vacuum, n (%)	12/217 (5.5)	40/887 (4.5)	.525

C/S, cesarean section; *ETOP*, elective termination of pregnancy; *IQR*, interquartile range.

[a] Including ETOPs due to prenatally diagnosed anomalies; [b] Irrespective of trimester of exposure among women counseled for nonteratogenic exposure; [c] Subgroup who continued throughout pregnancy; [d] Subgroup who stopped in the first trimester of pregnancy; [e] Significant difference between a subgroup and the comparison group; [f] Three group comparison (2 subgroups and comparison group).

Diav-Citrin. Pregnancy outcome after in utero exposure to colchicine. Am J Obstet Gynecol 2010.

Behçet & grossesse

Suivi obstétrical = comme maladie inflammatoire chronique

- Croissance : 28SA? , 37SA
- Stabilité maternelle
- Jusqu'à : 38SA ? Terme ?
- Risque thromboembolique (ante- ; postpartum)

- Consultation préconceptionnelle

Behçet & grossesse

Equipe habituée =

- Pas trop ; mais assez
- Pas trop tôt ; pas trop tard
- Place de la SF
- Grossesse heureuse

GERALDGERONIMI
PHOTOGRAPHE PROFESSIONNEL