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Ulcerative colitis case beginning during pregnancy in a patient with antiphospholipid antibody syndrome

Antifosfolipid antikor sendromu olan bir hastada gebelik sırasında başlayan ülseratif kolit öyküsü

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It is well known that there may be an increased tendency for thrombosis in inflammatory bowel disease (IBD). This study presents a case with antiphospholipid antibody syndrome with ulcerative colitis diagnosed during pregnancy. A 30-year-old female patient, in her 6th week of pregnancy, applied to our clinic with complaints of abdominal pain and bloody diarrhea. She had a history of three abortions. She had been given aspirin and heparin treatment due to high levels of anticardiolipin antibody (ACA) in previous examinations that led to the diagnosis of antiphospholipid antibody syndrome. As the left colonoscopic examination of the patient showed ulcerative colitis, aspirin treatment was replaced with mesalazine (750 mg/day, in 3 equal doses). There was a significant relief in complaints of the patient. Medical treatment was interrupted three days before delivery. The patient delivered a baby, at full-term, of 3.6 kg by cesarean section. No adverse effects were observed in the mother or the baby due to the medical treatment. After delivery, mesalazine treatment was restarted. This case is interesting due to the co-diagnosis of IBD in a pregnant woman with antiphospholipid antibody syndrome. Successful and uncomplicated treatment of the patient with mesalazine should also be noted.

Key words: Ulcerative colitis, pregnancy, antiphospholipid antibody syndrome

İnflamatuvar barsak hastalığında (İBH) tromboza eğilimin artabileceği bilinmektedir. İnflamatuvar barsak hastalığının antifosfolipid antikor sendromu ile birlikteliği ise oldukça azdır. Burada antifosfolipid antikor sendromu olan ve gebeliği sırasında ülseratif kolit saptanan bir olgu sunulmuştur. 30 yaşında bayan hasta, gebeliğinin 6. haftasında karın ağrısı ve kanlı ishal yakınmaları ile kliniğimize müracaat etti. Öz geçmişinde 3 kez abortus öyküsü mevcut idi. Daha önce yapılan tetkiklerde, antikardiolipin antikorları yüksek saptanması üzerine, antifosfolipid antikor sendromu tanısı konularak aspirin ve heparin başlanmıştı. Hastanın sol kolonoskopik incelemesinde ülseratif kolit saptanması üzerine, aspirin tedavisi kesilerek mesalazin 750 mg/gün 3 eşit dozda başlandı. Doğuma kadar geçen sürede hastamızın yakınmaları belirgin şekilde düzeldi. Doğumdan 3 gün önce tüm ilaçları kesilen hasta, sezeryan ile termde, 3.6 kg ağırlığında bir erkek çocuk dünyaya getirdi. Anne ve çocukta ilaçlara bağlı herhangi bir istenmeyen etki gözlenmedi. Doğumdan sonra mesalazin tedavisine tekrar başlandı. Sonuç olarak, antifosfolipid antikor sendromu olan bir hamilede İBH görülmesi ilginç bir birliktelik ortaya koymaktadır. Hastanın mesalazin ile başarılı ve komplikasyonsuz tedavisi de dikkate değer diğer bir konudur.

Anahtar kelimeler: Ülseratif kolit, gebelik, antifosfolipid antikor sendromu

INTRODUCTION

Antiphospholipid antibody syndrome is a disease characterized by repeated (habitual) abortions, vascular thrombosis, thrombocytopenia and high anticardiolipin titer. It is well known that there may be an increased tendency for thrombosis in inflammatory bowel disease (IBD). However, publications reporting coexistence of ulcerative colitis and antiphospholipid antibody syndrome are very rare. In one of those cases, positive anticardiolipin antibody (ACA) was reported in a patient who had developed Budd-Chiari syndrome (1). In another case, a positive lupus anticoagulant was found in a patient with ulcerative colitis, which led to dural sinus thrombosis (2). There are some studies regarding ACA titers in IBDs. In these studies, ACA titers have been found to be high compared to healthy controls. However, it has been concluded that the tendency for thrombosis seen in **IBD** cannot be attributed to ACA (3, 4). Similarity of peak frequency age of IBD with conception age has re-

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suited in more frequent focus on IBD during pregnancy. The treatment approach during pregnancy should be assessed more carefully due to the possible comphcations related with the disease and the treatment. In this case, we present a patient treated for one year due to antiphospholipid antibody syndrome who was diagnosed with ulcerative colitis in her 6th week of pregnancy.

CASE REPORT

A 30-year-old female patient had been diagnosed with antiphospholipid antibody syndrome one year previously due to habitual abortions (3 times) and high levels of IgG and IgM antibodies (83.6 U/ml and 71.8 U/ml, respectively; normal interval is 0-9 U/ml for both) measured at three-month intervals. Aspirin treatment (80 mg/day) had been introduced. Following pregnancy, 5000 U/day heparin was added. At the 6th week of her pregnancy, she applied to our clinic with the complaints of bowel pain and bloody diarrhea. During flexible rectosigmoidoscopy, within 60 cm distance, colon mucosa was hyperemic, edematous and fragile. Biopsies were obtained for the pre-diagnosis of colitis ulcerosa, and the results confirmed the diagnosis. In addition to heparin treatment, mesalazine treatment (5 ASAX750 mg/day in 3 equal doses) was started and aspirin treatment was interrupted. Colonoscopy could not be performed due to pregnancy; however, her complaints resolved after treatment. She was considered to be in remission and was sent home with instructions to return for outpatient follow-ups periodically. Medical treatment was stopped three days prior to delivery, at which time she delivered a full-term 3.6 kg baby by cesarean operation. No adverse effects from the medical treatment were experienced by the baby or the mother. At five-month follow-up, the patient is still in remission.

DISCUSSION

Effects of ulcerative colitis on pregnancy or effects of pregnancy on ulcerative colitis have been reviewed in different studies. Disease activity during conception and pregnancy is an important factor affecting the pregnancy course. Pregnancy and delivery in patients with inactive disease are generally without complication. In active disease, spontaneous abortion, stillbirth and activation of the disease can be seen (5). For this reason, during conception, it is recommended that the disease be stable and inactive (6). In other previously published studies, low birth weight, pre-term delivery and some congenital malformations have been reported in babies of mothers with ulcerative colitis (7, 8).

Since IBD and pregnancy are seen around the same age, there have been intensive researches on the issue of their coexistence (9). Studies on the effect of IBD on fertility revealed that IBD in general had no effect (5, 9, 10). However, decrease in fertility could be due to the pelvic adhesions as a result of the disease alone or of the operations performed to treat the disease, or due to scar tissue (9). Ulcerative colitis treatment during pregnancy should be carefully considered. Even though sulfasalazine, 5-acetylsalicylic acid (5 ASA) preparations and corticosteroids can be introduced safely, 6-mercaptopurine (6-MP) and azathioprine should be introduced cautiously (5, 10). Methotrexate usage is contraindicated (5, 11). Surgical treatment indications and procedures are as in those not pregnant (11). Data regarding Infliximab are insufficient (5). Since the effect of ulcerative colitis on pregnancy is directly related with its activity, active disease should be treated aggressively (5). In the literature, a case was reported as delivering a healthy term baby after control of the disease with the application of steroid in enema and in parenteral form, oral sulfasalazine preparation and totally parenteral nutrition (TPN) during the active phase (12). Effect of pregnancy on ulcerative colitis is variable. There are studies reporting that it relapses the disease, as well as those stating that it causes recovery of symptoms (5, 11). In our case, who had a previous diagnosis of antiphospholipid antibody syndrome, an emerging ulcerative colitis during the pregnancy course was diagnosed. To our knowledge, there is no case reported in the literature in whom all three co-existed.

In conclusion, the coexistence of IBD in a pregnant patient with antiphospholipid syndrome is a very interesting combination. The treatment of this patient with mesalazine successfully and without complication should also be noted.

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