

- Maternal SLE has a high prevalence of fetal wastage
 1. Spontaneous abortion
 2. IUGR
 3. Preterm delivery
 4. Still birth
 5. perinatal death
- Infants of maternal SLE are at risk for the **neonatal lupus syndrome**
 1. Pathophysiology: transplacental transfer of maternal IgG antinuclear antibodies; 以 anti-Ro (SSA)為主，少數為 anti-La (SSB)
 2. Clinical Manifestation

Transient	Permanent
Rash <ul style="list-style-type: none">Erythematosus, scalyPhotosensitiveAnnular or ellipticalFace and scalp Cytopenias <ul style="list-style-type: none">Hemolytic anemiaThrombocytopeniaLeukopenia Hepatosplenomegaly <ul style="list-style-type: none">Myocarditis/periarditis? pneumonitis	Congenital complete heart block (CCHB)

PS: 除了 CCHB 會永久存在以外，其他症會隨 maternal antibody 消失而緩解 (within several months)

3. Congenital complete heart block
 - 最常見的心臟異常疾病
 - Pathophysiology: deposition of immunoglobulin in fetal cardiac tissue; 以 anti-Ro (SSA)為主，少數為 anti-La (SSB)
 - Presenting finding: fetal dysrhythmia, pericardial effusion or hydrops
 - Heart block is usually permanent
 - Usually, Cardiac pacemaking should be instituted
4. Cutaneous lesion
 - 常以 widespread macular rashes 來表現
 - 偶而呈現 butterfly rash and discoid lesions
 - Generally appear within the first few weeks of life and disappear spontaneously within 6 months

- 病人出院時，應告訴家屬觀察是否有上述皮膚表現發生

5. Hematologic manifestation

- Anemia and thrombocytopenia: rare
- Thrombocytopenia: resolve over several weeks and unless there are bleeding manifestations, does not require treatment

6. Liver disease

- Hepatic involvement occurs in at least 15% of infants with NLE
- Clinical expression: hepatomegaly (with or without splenomegaly), generally with a picture of cholestasis

● Management of infant of SLE mother

1. 產前已知有 fetal bradycardia → 轉健保床

- Examinations: complete EKG (for heart block evaluation), heart echo (for heart contractility and associated anomaly evaluation), evaluate any effusion or ascites, check anti-Ro and anti-La
- 合併 hydrops fetalis: treated as hydrops fetalis
- Indication of cardiac pacing: (1) congestive heart failure (2) ventricular rate below 55/min in isolated CCHB and below 65/min with associated heart disease (3) prolong QTc (usually > 0.50 sec) (4) Stokes-Adams attacks (5) frequent ventricular ectopic beats and (6) alternating ventricular pacemakers
- Isoproterenol:
 - 0.05 ~ 0.10 ug/kg/min
 - 功能: chronotropic effect and vasodilatory effect
 - 僅暫時用在無法放置 cardiac pacing 的情況, 例如 EVLBW prematurity

2. 產前未發現有 fetal arrhythmia

- Complete PE: skin lesion, pale looking, petechia, ecchymosis, size of liver and spleen, heart rhythm → 如果都正常 → 不用轉健保床
- 觀察是否有 skin lesion, anemia, bleeding disorder, cholestasis, HSM, 這些症狀可能於出生後幾周至半年才出現。
- 一定要告知家屬, 出院後仍需注意是否有上述症狀, 即 skin rash, petechia, pale-looking, jaundice, abdominal mass (distension or fullness)