Prognosis and outcome of pregnancy following renal transplantation
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Objective
Understanding the impact of renal transplantation and immune-suppressive medications both on the mother and fetus in pregnancy.

Methods
The study compared 2 groups of patients each group contained 20 cases. The study group got pregnant following renal transplantation and the control group were 20 normal healthy cases looking at the outcome of pregnancy, including maternal and foetal complications.

Results
The mean maternal age in our study group was 29. 68+4. 74years and was 26. 9+3. 57 in the control group. Gestational age at birth showed a mean of 35. 89+2. 45 weeks with a birth weight of 2647+417 grams in the study group versus 38. 21+1. 72 weeks with a birth weight of 3394+327 grams in the control group. The commonest cause of renal failure was previous pre-eclampsia followed by hypertension and glomerulonephritis. Nearly 95% of the study cases (19 case) used combination of 3 medications namely Cyclosporine + Steroids + Azathioprine versus 5% using combination of only 2 medications. The incidence of pregnancy complications namely maternal anaemia, Pregnancy induced hypertension, Preeclampsia, Premature rupture of membranes and preterm labour were all higher in the study group as compared to the control group.

Conclusion
Renal transplantation has provided women of childbearing age with return of fertility and the possibility of successful pregnancy outcome. Several prognostic factors should be considered to help counsel the patients carefully on impact of pregnancy and use of medications on the mother and foetal condition.