A Case of fetal bradycardia in the context of systemic lupus erythematosus

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Objective
To report a case of a woman known to have systemic lupus erythematosus (SLE) with anti-Ro antibodies, found to have fetal bradycardia at 29 weeks gestation, which was recognised as secondary to heart block and a literature review of this condition.

Methods
We reviewed the case notes and investigations of the above woman and collected the demographic details, predisposing risk factors, antenatal and tertiary cardiac centre report details.

Results
A 31 year old woman booked under our care in her sixth pregnancy, with 3 previous term deliveries, known to have SLE and has anti-Ro and anti-La antibodies. Fetal echocardiography at 20 weeks of gestation was normal. In the current pregnancy at her 29 weeks antenatal appointment, fetal heart was audible at 60 beats per minute. The client was rushed to labour ward theatre for grade 1 EMCS for fetal bradycardia. Scanning in theatre by fetal medicine consultant showed atrial heart rate of 140 bpm and ventricular heart rate of 60 bpm. Delivery was deferred and steroids were administered for fetal lung maturation. Complete heart block was confirmed at regional cardiac centre and she was commenced on oral steroids and had a planned elective Caesarean section at 37 weeks.

Conclusion
Complete congenital heart block (CCHB) is a severe manifestation of neonatal lupus syndrome, with a mortality rate of 31%. It is caused by irreversible damage to the cardiac conduction system due to the transplacental passage of maternal antibodies. Early multi-disciplinary involvement including a named obstetrician, cardiologist and neonatologists helps improve the outcomes, and this case highlights the importance of disseminating information to all team members for optimising care.