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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Assessing Adverse Pregnancy Outcomes in Isolated Sjögren's Disease

Dr. Mimi Maeusli:
You're listening to *Living Rheum* on ReachMD, and this is an *AudioAbstract*. I'm Dr. Mimi Maeusli, and today we're looking at adverse pregnancy outcomes in patients with isolated Sjögren's disease—specifically, without concomitant autoimmune conditions like lupus or antiphospholipid syndrome.

For context, Sjögren's disease is a chronic autoimmune condition. Because it causes exocrine gland dysfunction, it's commonly associated with dry eyes and dry mouth. But it also has systemic features like arthritis, Raynaud's phenomenon, and myositis which may influence pregnancy outcomes.

While congenital heart block linked to SS-A antibodies is a well-established concern, there's limited data on whether Sjögren's alone, without other autoimmune comorbidities, carries broader obstetric risk.

As a result, a retrospective cohort study published in the *American Journal of Perinatology Reports* in April 2025 set out to clarify this question. Conducted at NYU Langone Hospital-Long Island, the study examined 12 pregnant patients with Sjögren's and compared them to 36 matched controls. Importantly, patients with lupus, antiphospholipid syndrome, or related autoantibodies were excluded, allowing investigators to isolate the impact of Sjögren's disease itself.

So let's take a closer look at the study. It was carried out through collaboration between rheumatology and maternal-fetal medicine specialists. This interdisciplinary approach informed patient selection, chart review, and the standardized definitions used for clinical outcomes.

Matching was based on maternal age and gestational age at the time of anatomy ultrasound. Sjögren's diagnoses were confirmed either by the 2016 ACR/EULAR criteria or by rheumatologist evaluation. The primary outcome was a composite of adverse pregnancy events, including miscarriage, intrauterine fetal demise, preterm birth, fetal growth restriction, and congenital anomalies. Congenital heart block was tracked separately.

So what did the results show? The study found that adverse pregnancy outcomes occurred in 25 percent of the Sjögren's group, compared with just under three percent of controls. This difference was statistically significant, with a p-value of 0.04. Events included one preterm delivery, one case of fetal growth restriction, and one fetal limb anomaly. All pregnancies resulted in live births, and there were no cases of congenital heart block in either group.

Cesarean deliveries were also significantly more common among Sjögren's patients: 75 percent versus 25 percent in the control group, with a p-value of less than 0.01. Most were elective or repeat procedures.

Despite these differences, neonatal outcomes, including birth weight and NICU admissions, were similar between groups. In fact, there were no adverse neonatal events reported in the Sjögren's group, while four occurred in the control group—a variation that did not reach statistical significance, with a p-value of 0.56. No neonates in either group were born under 2,500 grams.

Of note, two of the three Sjögren's patients who experienced adverse outcomes were seronegative for both SS-A and SS-B antibodies. One had previously tested positive under different care, and the other tested positive for salivary gland protein 1. This suggests that additional mechanisms, such as complement activation or subclinical placental inflammation, may contribute to risk beyond what antibody status alone can predict.

There was also a non-significant trend toward more hypertensive complications in the Sjögren's group, though the p-value of 0.156 indicates this could be due to chance. Half of the Sjögren's patients were on aspirin, and one-third were taking hydroxychloroquine, but

the study was not powered to evaluate treatment effects or the role of disease activity during pregnancy.

While the study is limited by its small sample size and retrospective design, it offers early evidence that Sjögren's disease, even in isolation, may increase the risk of maternal pregnancy complications. Neonatal outcomes were generally reassuring, but the maternal findings highlight a need for increased surveillance.

Clinically, these results support early referral to maternal-fetal medicine and close coordination with rheumatology throughout pregnancy. Looking ahead, future prospective studies, particularly those incorporating placental histopathology and disease activity measures, will be necessary to clarify risk pathways and inform management.

This has been an *AudioAbstract* for *Living Rheum* and I'm Dr. Mimi Maeusli. To access this and other episodes in our series, visit ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

Reference

Tesoriero L, Kidd J, Piccione J, et al. Adverse Pregnancy Outcomes in Sjogren's Disease Compared to Controls: An Interdisciplinary Approach with Maternal-Fetal Medicine. *AJP Rep*. 2025;15(2):e47-e52. Published 2025 Apr 8.