

618: A Case Series of Prednisolone to Treat Unexplained Recurrent Miscarriage

Navneet Kaur¹, Guy Kendall¹, Maxine Saravanamuttu¹, Bidisa Ghosh¹, Lamiya Mohiyiddeen¹

¹ Reproductive Medicine, St Mary's Hospital, Oxford Road, Manchester, United Kingdom

Objective

Unexplained recurrent miscarriage is a devastating condition, occurring in up to 50% of cases of recurrent miscarriage. It has been suggested that relative glucocorticoid deficiency in the endometrial stroma could impair decidualisation, leading to recurrent miscarriage, therefore treatment with prednisolone has been proposed as an option. The objective of this study was to examine the outcomes of treatment of unexplained recurrent miscarriage with prednisolone.

Design

A retrospective review of 54 cases of unexplained recurrent miscarriage treated with prednisolone was conducted.

Materials and Methods

All patients treated with prednisolone were identified and a retrospective computerised casenotes review was conducted. The primary outcomes were livebirth after 24 weeks, the secondary outcomes were complications associated with prednisolone including intrauterine growth restriction and fetal anomalies including cleft palate.

Results

42 patients with 54 pregnancies were commenced on a prednisolone regime until 12 weeks of pregnancy. 20mg of prednisolone was given from a positive pregnancy test which was tapered from 10 weeks and stopped at 12 weeks. The mean age of the patients was 36. All patients had previous recurrent pregnancy losses ranging from 2-9. Patients were given therapy with cyclogest pessaries, high dose folic acid and prednisolone. 64% of cases resulted in a livebirth > 24 weeks. 9 cases are currently an ongoing pregnancy. There were 26 live children (including 1 set of monozygotic diamniotic twins), 11 early miscarriages, 2 pregnancies of unknown location and 1 pregnancy loss at 22 weeks due to preterm premature rupture of membranes at 17 weeks. There were 2 cases of intrauterine growth restriction. There were 4 preterm births. There were no fetal anomalies including cleft palate.

Conclusions

Sixty four percent of patients with unexplained recurrent miscarriage had live birth following treatment with prednisolone until 12 weeks of pregnancy. Prednisolone appears to be a safe treatment option for the management of recurrent miscarriage. A large randomised control trial of prednisolone use in unexplained recurrent miscarriage is required to further assess its benefit.

Support

None

Disclosure

None