(S06) THE ROLE OF POSTPARTUM INTRAVENOUS CORTICOSTEROIDS IN THE PREVENTION OF RELAPSES IN MULTIPLE SCLEROSIS


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Background: Multiple sclerosis (MS) is prevalent in women of childbearing age. The estimated mean ± SD relapse rate during the first trimester of pregnancy is 0.5 ± 1.3, increasing to 1.2 ± 2.0 during the first trimester postpartum. Intravenous (IV) methylprednisolone (MP) reduces magnetic resonance imaging (MRI) activity over a 2-month period. A dose of 1 g of IVMP after delivery could reduce the risk of postpartum relapses. Objectives: To compare the postpartum relapse rate in MS patients treated with IVMP after delivery with that of patients who did not receive this treatment. Methods: This was a retrospective study. We included 50 relapsing-remitting MS (RRMS) and 2 secondary progressive MS (SPMS) patients with one or more documented pregnancies; each pregnancy was considered a single case. Data recorded from medical records included MS type; number of relapses before, during, and after pregnancy (first, second, and third trimester postpartum); treatment history; breastfeeding duration; and postpartum IV steroid use. All epidemiological data will be provided. Results: This is an ongoing study; so far 52 cases have been analyzed. Of these, 7 patients had at least one relapse during pregnancy. Thirty-nine patients received postpartum IV steroids (1 g); 13 did not receive them. During the first postpartum trimester, we found relapses in 18% of the group of patients who received IV steroids versus 46.2% of the patients who did not receive steroids (P = .0448). During the second and third postpartum trimesters, the relapse percentage was 25.6% in the group that received steroids and 23% in the group that did not receive steroids. Conclusions: The rate of relapse in MS increases during the first trimester postpartum. In our study, we found a significant reduction in the relapse rate during this period in patients who received postpartum IV steroids compared with those who did not receive them. This reduction was not significant over the second and third postpartum trimesters. Our results support prior reports and cause us to consider use of a second steroid infusion just after the third postpartum month.

Disclosure: Nothing to disclose

Keywords: relapse management in MS