

## Hydroxychloroquine and Its Effects in Cardiac Neonatal Lupus

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### DESCRIPTION

Neonatal lupus is a rare autoimmune disease that manifests during birth. A distinctive red rash or skin eruption appears in affected new-borns. A cardiac problem known as congenital heart block is a possible consequence. Congenital heart block does not resolve during the first few months of life, and new-borns may require a pacemaker in the future. Neonatal lupus is an uncommon illness that affects somewhat more female neonates than male infants, although it is significantly less female-dominated than systemic lupus erythematosus. Except for congenital heart block, the symptoms are transitory and usually disappear within a few months. Although the actual prevalence is unclear, congenital heart block affects one out of 15,000 live new-born's. In most cases, the heart block caused by maternal autoantibodies occurs without any cardiac problems. The therapy of neonatal lupus is tailored to the unique symptoms that each child exhibits. During the first several months of birth, cutaneous symptoms usually disappear without therapy on their own. Infants with neonatal lupus should be examined whether they have blood or liver issues. Initially, new-born's should be away from the sun. Mild topical steroids are used to treat skin issues. However, in most cases, no therapy is necessary.

Some infants experience just skin signs, some only cardiac symptoms, while a small percentage of infants develop both. SLE (Systemic Lupus Erythematosus) is a chronic inflammatory illness that affects the skin, joints, kidneys, lungs, neurological system, and other bodily organs. Skin rashes and arthritis are the common symptoms, accompanied by weakness and fever. Lupus is most commonly a female disease that strikes women in their twenties and thirties when they are most likely to have children. Sjogren's syndrome is an inflammatory condition that can affect many body organs, although the tear and saliva glands are the most commonly affected. Irritation, a gritty sensation, or intense burning in the eyes is common symptoms of this illness. Swelling of the glands around the face and neck, dry mouth, or trouble swallowing the dry food is all typical symptoms. A severe problem is a dry mucosal membrane in the nasal passages, throat.

Anti-SSA/Ro antibodies are found in approximately one-third of women with systemic lupus erythematosus, practically all of those with Sjogren's syndrome, and even some healthy women. It can be difficult for patients and doctors who treat pregnant mothers with anti-SSA/Ro antibodies. Because, despite weekly monitoring, some children born to these women can have neonatal lupus heart complications, which are associated with other diseases and even death. Furthermore, some children are born with a temporary skin rash caused due to neonatal lupus. Mothers of infants with neonatal lupus aren't always afflicted with the disease. Anti-Ro or anti-La antibodies can indicate a rheumatic illness such as Sjogren's syndrome or rheumatoid arthritis in women. Women with these antibodies may never display any type of symptoms. They may be diagnosed with an autoimmune disorder only after their child has been diagnosed with neonatal lupus.

Pregnant women who have anti-SSA/Ro antibodies in their system can deliver a child who has a heart block condition. The electrical signal that causes the heart to beat is disturbed. According to research, hydroxychloroquine can reduce the risk of having a second child with life-threatening heart disease to an extent. Previous studies revealed that moms with lupus and anti-SSA/Ro antibodies be able to reduce the cause of cardiac issues associated with new-born's by prenatal exposure to hydroxychloroquine. Recently, researchers went a step further and evaluated the use of hydroxychloroquine as a means to reduce the odds of severe cardiac issues in subsequent pregnancies of women who had already given birth to a child with neonatal lupus.

Researchers looked at the effects of taking hydroxychloroquine daily at an average dose of 352.6mg starting at six weeks of pregnancy and continuing throughout the pregnancy to see if it had a favourable impact on the outcomes. In addition to hydroxychloroquine, 25% of the moms got low-dose intravenous immune globulin, 75% received non-fluorinated steroids 17 were on prednisone, and 8.3% received fluorinated steroids one of these women started taking these after the diagnosis of congenital heart block. Based on the occurrence rates mentioned above, researchers predicted that 17.2% of study

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participants have recurrent cardiac neonatal lupus. Only one child was born with neonatal lupus out of the 24 pregnancies in which the mothers took hydroxychloroquine, a occurrence rate of only 4.2%, or 75.7% lower than predicted. These findings lead researchers to infer that hydroxychloroquine may reduce the likelihood of having a second child with neonatal lupus in these high-risk pregnancies.

## CONCLUSION

Neonatal lupus affects infants severely by causing congenital heart block, antibodies present in the mother are transferred to the second child in future pregnancies. Hydroxychloroquine may reduce the cause of neonatal lupus. The drug must be taken according to the instructions provided by the doctor.