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Increased risk of hypertension, proteinuria and preeclampsia in pregnant Saudi females with IgA nephropathy.

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Source

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Abstract

BACKGROUND:

IgA nephropathy is fairly prevalent in **Saudi** Arabia. In this paper we examine the natural history of pregnancies and their impact on **renal** function in **Saudi** females affected by this condition.

METHODS:

We followed a series of 12 patients, documented to have IgA nephritis by kidney biopsy, during their gestation. We monitored their blood pressure, serum creatinine, creatinine clearance, 24-hour protein before conception and at the third trimester of pregnancy. We also documented any maternal or fetal complications.

RESULTS:

All patients had well-controlled blood pressure, normal **renal** function, and proteinuria of less than one gram per day prior to conception. During pregnancy, all patients (100%) developed hypertension-requiring treatment and three of them (25%) developed preeclampsia. One patient (8.3%) had hemolysis, elevated liver enzymes, and, low platelets syndrome. All patients had worsening of their proteinuria during pregnancy from 535.2 (101.4) to 2179.2 (636.6) mg/24 h ($p < 0.01$) with a decrease in creatinine clearance from 88.6 (7.6) mls/min to 77.4 (5.9) mls/min ($p < 0.05$). No fetal complications were observed.

CONCLUSION:

We conclude that pregnancies in patients, even with mild IgA nephritis, require close observation as there is an increased incidence of worsening hypertension and preeclampsia