FK506 AND PREGNANCY IN LIVER TRANSPLANT PATIENTS

There have been several reports of successful pregnancy in organ transplant patients treated with AZA, steroids, or CsA (1, 2). However, the use of these immunosuppressive drugs in renal transplant patients is often associated with preclampsia, preterm births, and severe intrauterine growth retardation (1). Earlier, we have reported pregnancy in liver transplant patients treated with AZA or CsA at the University of Pittsburgh Medical Center (3). In the present communication, we summarize our recent experience with pregnancy in liver transplant patients treated with FK506 as the primary immunosuppressive drug.

At the present time, there are 876 males and 627 female liver transplant patients on FK506 immunosuppression at the University of Pittsburgh Medical Center. Nine pregnancies have been recorded in 9 of these patients on FK506 therapy. These patients received liver transplantation for Caroli’s disease (1), primary biliary cirrhosis (1), alcoholic cirrhosis (2), cryptogenic cirrhosis (2), fulminant hepatic failure (1), autoimmune hepatitis (1), or non-A non-B hepatitis (1). The age of the mothers ranged from 18 to 35 years. Four of them were primary FK506 patients, and 5 of them were switched to FK506 therapy after chronic rejection while on CsA. All of the patients received FK506 with (n=5) or without steroid (n=4) therapy during the entire period of pregnancy. The FK506 doses ranged from 2 mg qd to 32 mg bid. Two patients had mild hypertension and 1 had proteinuria during pregnancy. Six of the 9 patients had normal vaginal delivery; 3 patients required cesarean section because of chronic rejection, the second graft again showed signs of chronic rejection, the second graft again showed signs of chronic rejection and head circumference estimated from live births at gestational ages from 26 to 42 weeks. Pediatrics 1966; 37: 493.

Five of the 7 babies for whom potassium levels were available had hyperkalemia (range 6.1-10.9 mEq/L) at the time of birth that resolved spontaneously within 24-48 hr without any treatment. One baby who was delivered by a patient known to have proteinuria during pregnancy and who gave birth to a healthy child.

Case report. A 28-year-old woman was liver grafted for posthepatic cirrhosis. After the loss of the first graft due to intracerebral chronic rejection, the second graft again showed signs of chronic rejection (Fig. 1). Therefore, FK506 treatment (0.10

SUCCESSFUL PREGNANCY IN A PATIENT AFTER LIVER TRANSPLANTATION MAINTAINED ON FK 506

FK 506 is a novel macrolide immunosuppressant that is currently under clinical investigation in patients after solid organ transplantation. We here report on a successful pregnancy in a patient treated with FK 506. To our knowledge, this is the first report of a patient under FK 506 immunosuppression