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MANAGEMENT OF HYPOPARATHYROIDISM AND PSEUDOHYPOPARATHYROIDISM DURING PREGNANCY: A RETROSPECTIVE OBSERVATIONAL STUDYG. Marcucci¹, L. Cianferotti¹, L. Masi¹, S. Parri¹, M. Duradoni², C. Fossi¹, M. L. Brandi¹¹Department of Biomedical, Experimental and Clinical Sciences, University of Florence, ²Department of Information Engineering, University of Florence, Florence, Italy

Objective: The co-existence of endocrine disorders such as hypoparathyroidism (HypoPT) or pseudo-HypoPT and pregnancy makes calcium-phosphate homeostasis complex and may cause maternal and/or foetal clinical complications, unless the calcium demands are met by adequate calcium and calcitriol supplementation (1). Only few case reports or case series on hypoparathyroid women during pregnancy and breastfeeding have been published (2-4). Given the limited data published, a retrospective study conducted on women with HypoPT or pseudo-HypoPT, who had one or more pregnancies, was created in order to investigate retrospectively the clinical course, pharmacological management and eventual adverse events related to HypoPT or pseudo-HypoPT during pregnancy and lactation.

Methods: This was a retrospective-observational, multicentric, no profit study coordinated by University Hospital of Florence ("Bone and Mineral Diseases Unit" research center). This project involved eight Italian referrals centers for endocrinological diseases, affiliated with the Italian Society of Endocrinology (SIE), in addition to the coordinating center.

Results: This study identified a large cohort of 40 women, mostly affected by postsurgical HypoPT, followed by some cases of pseudo-HypoPT, and idiopathic and autoimmune HypoPT forms. Most women have an uncomplicated pregnancy and give birth to healthy babies maintaining serum calcium concentrations within the low-to-mid normal reference range during pregnancy. The main described complications included: preterm birth, abortion, and neonatal respiratory distress and transient hypocalcaemia. The doses of calcitriol and calcium supplements were variable in our study group. No bone fragility was reported during these specific physiological conditions.

Conclusion: In the future, an accurate biochemical monitoring will need to be improved in hypoparathyroid women during these specific conditions, also in the light of the new guidelines regarding the management of HypoPT in pregnancy. Prospective investigations in women with HypoPT and pseudo-HypoPT during pregnancy and breastfeeding will be necessary in order to enhance the knowledge about biochemical alterations, maternal and fetal clinical manifestations, bone complications, and to improve the quality of care available today.

References:

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