Undiagnosed Celiac Disease Tied to Poor Fetal Outcomes

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Maternal celiac disease, undiagnosed at the time of delivery, is a risk factor for adverse fetal outcomes, but celiac disease diagnosed before giving birth is not associated with such outcomes, results from a large Swedish population study suggest.

"Our results underline the importance of screening for CD [celiac disease] among women of reproductive age because some 1% of young people may have CD, and treatment seems to reduce dramatically the rate of complications in pregnancy," reported the investigators, led by Jonas F. Ludvigsson, M.D., of the pediatric department at Örebro University Hospital, Sweden.

Celiac disease is a chronic intestinal malabsorption disorder caused by intolerance to gluten. Diagnosis is suspected on the basis of symptoms, enhanced by laboratory and x-ray studies, confirmed by biopsy, and improved by going on a gluten-free diet, which is the only treatment for this disorder.

Using a national medical registry, Ludvigsson and his associates identified 2,078 women aged 15-44 with a diagnosis of CD who delivered singleton live-born infants from 1973 to 2001. A total of 1,149 women were diagnosed with CD before giving birth, and 929 were diagnosed after giving birth (Gastroenterology 2005;129:454-63).

After adjusting for potential confounding factors such as smoking, age, parity, and diabetes mellitus, the subjects diagnosed with CD after the birth of their offspring were associated with an increased risk of intrauterine growth retardation (odds ratio of 1.62), preterm birth (OR 1.71), cesarean section (OR 1.82), low birth weight (OR 2.13), and very low birth weight (OR 2.45). Subjects diagnosed with CD before the birth of their offspring were not significantly associated with an increased risk of these outcomes.

The investigators reported that the risk for nearly all adverse outcomes was highest among women who received a diagnosis of CD during the 5 years after giving birth.

They postulated that insufficient fetal nutrition causes the increased risk of intrauterine growth retardation and low birth weight seen in offspring of women diagnosed after giving birth. ■

Ceftriaxone Effective for Early Syphilis in Pregnancy

The antibiotic ceftriaxone is an effective treatment for early syphilis in pregnancy, a small study has shown.

Researchers studied the efficacy of broad-spectrum cephalosporin in 11 HIV-negative pregnant women with early syphilis and histories of penicillin allergy or skin test reactions to penicillin antigen. Gestation at the initiation of treatment was 4 to 18 weeks (Sex. Transm. Dis. 2005;32:495-8).

Three women were diagnosed with primary syphilis and eight with secondary syphilis. Those with primary syphilis received intramuscular injections of 250 mg ceftriaxone (Rocephin) once daily for 7 days. Those with secondary syphilis got once-daily injections for 10 days. The same course was repeated for both groups at 28 weeks' gestation, said Dr. Pingyu Zhou, M.D., Ph.D., and colleagues at Shanghai (China) Skin and STD Hospital.

The patients were reexamined eight times over 24 months. All completed the first course of treatment, and 8 of the 11 completed the second course.

Within 1 month of the first course of treatment, syphilitic skin lesions disappeared in all patients and did not recur in the follow-up period. Within 3 months, there was a fourfold reduction in serum rapid plasma reagin (RPR) titers with no increase in the follow-up period. Ten women developed negative RPR measures in the follow-up period.

None of the neonates had clinical or radiographic manifestations of congenital syphilis at birth or in the 2-year follow-up period. At birth, 5 infants had serum RPR measures equal to those of their mothers at delivery, but all were negative within 12 months.

Although the study is limited by its size and the fact that the patients studied were less likely to transmit syphilis to their newborns than other risk groups, the findings suggest ceftriaxone can be considered as a therapeutic alternative for the treatment of early syphilis "in the appropriate clinical setting," the authors wrote.

There was no evidence of the necessity of the second course of therapy, Dr. Zhou and associates said.

—Diana Mahoney