# Systemic Lupus Erythematosus

Version of 2016

## 5. APPENDIX 2. Neonatal lupus

Neonatal lupus is a rare disease of the foetus and neonate acquired from the transplacental passage of specific maternal autoantibodies. The specific autoantibodies associated with neonatal lupus are known as the anti-Ro and anti-La antibodies. These antibodies are present in about one third of patients with SLE, but many mothers with these antibodies do not deliver children with neonatal lupus. On the other hand, neonatal lupus could be seen in the offspring of mothers who do not have SLE.

Neonatal lupus is different from SLE. In most cases, the symptoms of neonatal lupus disappear spontaneously by 3 to 6 months of age, leaving no after-effects. The most common symptom is rash, which shows up a few days or weeks after birth, particularly after sun exposure. The rash of neonatal lupus is transient and usually resolves without scarring. The second most common symptom is an abnormal blood count, which is seldom serious and tends to resolve over several weeks with no treatment.

Very rarely, a special type of heart beat abnormality known as congenital heart block occurs. In congenital heart block, the baby has an abnormally slow pulse. This abnormality is permanent and can often be diagnosed between the 15th and 25th week of pregnancy using foetal cardiac ultrasound. In some cases, it is possible to treat the disease in the unborn baby. After birth, many children with congenital heart block require the insertion of a pacemaker. If a mother already has one child with congenital heart block, there is approximately 10 to 15% risk of having another child with the same problem.

Children with neonatal lupus grow and develop normally. They have only a small chance of developing SLE later in life.