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Newsletter For Health Professionals in Rheumatology

Do You Know? What happens who continues pregnancy after methotrexate exposure?

The FDA has classified methotrexate (MTX) as an X drug (fetal abnormalities in animal and human studies. The use clearly outweighs any possible benefit). It is contraindicated in women who may become pregnant. Rheumatology guidelines do not recommend the use of MTX during pregnancy. They do recommend contraception, but once the patient has conceived, guidelines do not specifically recommend elective abortion. However, besides discontinuing MTX, elective abortion is common, what happens who continues pregnancy after methotrexate exposure?

Martínez Lopez, *et al*. reviewed the literature and found these results: The total number of MTX exposed pregnancies in the studies included in the review 101, and the pooled outcomes: 19 miscarriages (19% of all pregnancies; 23% of pregnancies in which abortion was not induced); 55 live births (54% of all pregnancies; 66% of pregnancies in which abortion was not induced); and only five of them had neonatal malformations (4% of all pregnancies; 5% of pregnancies in which abortion was not induced), none of which were the described aminopterin syndrome. The rate of induced abortions was 18%. They concluded that there is not sufficient evidence to support whether it is MTX, or the disease, or just chance, what underlies miscarriage in women accidentally exposed to low-dose MTX during pregnancy. In the general population, it has been shown that about 12–15% of pregnancies end-up in a miscarriage some time before 20 weeks. In this review, the percentage of miscarriages obtained from pooling all the studies together was 23%, discarding induced abortions. Not a very different result or just slightly higher. Also, it has been studied that with each pregnancy, all women have a 3–5% chance of having a baby with a birth defect. Pooling the data from the studies included, again subtracting the induced abortions, the prevalence of birth defects in this review was 5%, and none of the congenital abnormalities were related to the aminopterin syndrome previously described.

This review exposes the shortage of data about the risk of using low-dose weekly MTX during conception, pregnancy and lactation. If a patient becomes pregnant while exposed to MTX, it is not clear that induced abortion is a better choice than following the pregnancy closely.