Tocilizumab throughout pregnancy in two patients with severe Takayasu’s arteritis

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The first case refers to a 21-year-old woman with a 3-year diagnosis of multisegmental TAK involving the thoracic aorta and supra-aortic vessels, with bilateral retinal vasculitis and moderate aortic regurgitation. At disease presentation her C-reactive protein (CRP) was 3.32 mg/dl and her erythrocyte sedimentation rate (ESR) was 70 mm/h. She was initially treated with prednisolone (20 mg/day) and methotrexate (25 mg/weekly), but due to persistent disease activity and poor treatment compliance, monthly intravenous tocilizumab (8 mg/kg) was added with subsequent decrease of her inflammatory markers (CRP 0.03 mg/dl and ESR 10 mm/h). Four months later, due to severe stenosis of both primitive carotids, she underwent an arterial bypass from the ascending aorta to the distal right primitive carotid and suffered an intraoperative ischemic stroke resulting in permanent left hemiparesis. Three
data on its safety\(^7\), effective contraception is strongly recommended, and tocilizumab is frequently withdrawn before conception or during the first trimester. Three case reports have fully disclosed tocilizumab use throughout pregnancy\(^8-10\) but only one in a patient with TAK (Table I). As in both our cases, no abnormalities were reported in the newborns. In addition, tocilizumab levels were measured in the umbilical cord blood at the time of delivery and were lower than expected (<100% of those in the mother's blood), as opposed to what has been described for natural IgG antibodies (145-152%\(^9,10\)). Nevertheless, considering that tocilizumab still reaches the fetal blood, our cases are important examples of its apparent safety over the offspring. Moreover, they support the use of tocilizumab during pregnancy in an extremely rare condition such as TAK, in which treatment management during gestation still remains unclear.

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**REFERENCES**


