
LONG-TERM GROWTH OF CHILDREN WITH AUTOANTIBODY-MEDIATED CONGENITAL HEART BLOCK

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DEFINITIONS

CHB

Congenital heart block
Complete congenital AVB

Diagnosed in utero, at
birth or in the neonatal
period

Antibody exposure

Fetal exposure to anti-Ro/
SSA and/or anti-La/SSB
antibodies

WHY IS LONG-TERM GROWTH AN ISSUE?

CHB are at risk for premature birth and
small for gestational age (SGA)

Machado et al 1988, Buyon et al 1998,
Groves et al 1996, Julkunen et al 1999,

Women with connective tissue disease give
birth to children SGA

Skomsvoll et al 1998, 1999

WHY IS LONG-TERM GROWTH AN ISSUE?

SLE

- Premature birth and IUGR more frequent

Julkunen et al 1995, Aggarwal et al 1999

Primary Sjögren's syndrome

- Conflicting results

- Premature birth and lower birth weight (BW) Hussein et al, 2011 Skog et al 2016

GROWTH DEVELOPMENT IN CONGENITAL HEART BLOCK

AB-
exposure?

- A direct antibody mediated effect on the fetus

Heart block?

- Low HR leading to low cardiac output and a hypoperfusion of body tissue

Maternal
disease?

- Underdevelopment of the placenta and decreased blood flow

TRANSPLACENTAL STEROID TREATMENT-FETAL INDICATIONS

Fluorinated steroids

Dexamethasone

Betamethasone

GROWTH DEVELOPMENT IN CONGENITAL HEART BLOCK

Does the occurrence of fetal heart block have any additional effect on growth restriction in pregnancies with connective tissue disease?

Outcome and
Heart Block-
Anti-Ro52/Ss

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32 pregnancies in 30 anti-Ro52 –
positive mothers

At prenatal echo:

-7 with AVB II-III (1 died at GA 36
we)

-8 AVB I

-17 normal conduction

FETAL EXPOSURE TO ANTI RO52-SSA AUTOANTIBODIES

3/6 Steroid treated

TABLE 2 Maternal Age, Diagnosis, and Parity From 32 Pregnancies In 30 Women

Variable	NC	AVB I	AVB II-III	All
Maternal age, mean \pm 1 SD, y	31.2 \pm 4.9	29.9 \pm 3.1	34.9 \pm 4.4 ^{a,c}	31.7 \pm 4.7
Diagnosis, n				
SLE	10	4	2	16
SS	4	3	5	12
Other	3	1	0	4
Parity, mean \pm 1 SD	1.6 \pm 0.9	1.4 \pm 0.7	2.4 \pm 1.0 ^{a,b,c}	1.7 \pm 0.9
First child, n	10	6	1	17
Second child, n	5	1	3	9
Third child, n	1	1	2	4
Fourth child, n	1	0	1	2

^a $P < .05$ AVB II-III versus NC.

^b $P < .05$ AVB II-III versus AVB I.

^c $P < .05$ AVB II-III versus AVB I and NC.

TABLE 3 Gestational Age and Body Measurements on 31 Newborn Infants

Variable	NC	AVB I	AVB II-III
Gestational age, mean \pm 1 SD, d	273 \pm 15.1	277 \pm 15.1	257 \pm 16.2 ^{a,b,c}
Gender, n			
Girls	8	5	3
Boys	9	3	4
Weight, mean \pm 1 SD, kg	3.14 \pm 0.50	3.18 \pm 0.55	2.59 \pm 0.59 ^{a,b,c}
Length, mean \pm 1 SD, cm	49.0 \pm 2.1	49.8 \pm 2.8	46.2 \pm 3.8 ^{a,c}
Head circumference, mean \pm 1 SD, cm	34.6 \pm 1.4	34.2 \pm 1.2	32.5 \pm 2.8 ^{b,c}
BMI, mean \pm 1 SD, kg/m ²	13.0 \pm 1.4	12.8 \pm 1.4	12.0 \pm 1.4

Gender also includes 1 case of intrauterine death because of a complete heart block at 36 weeks of gestation.

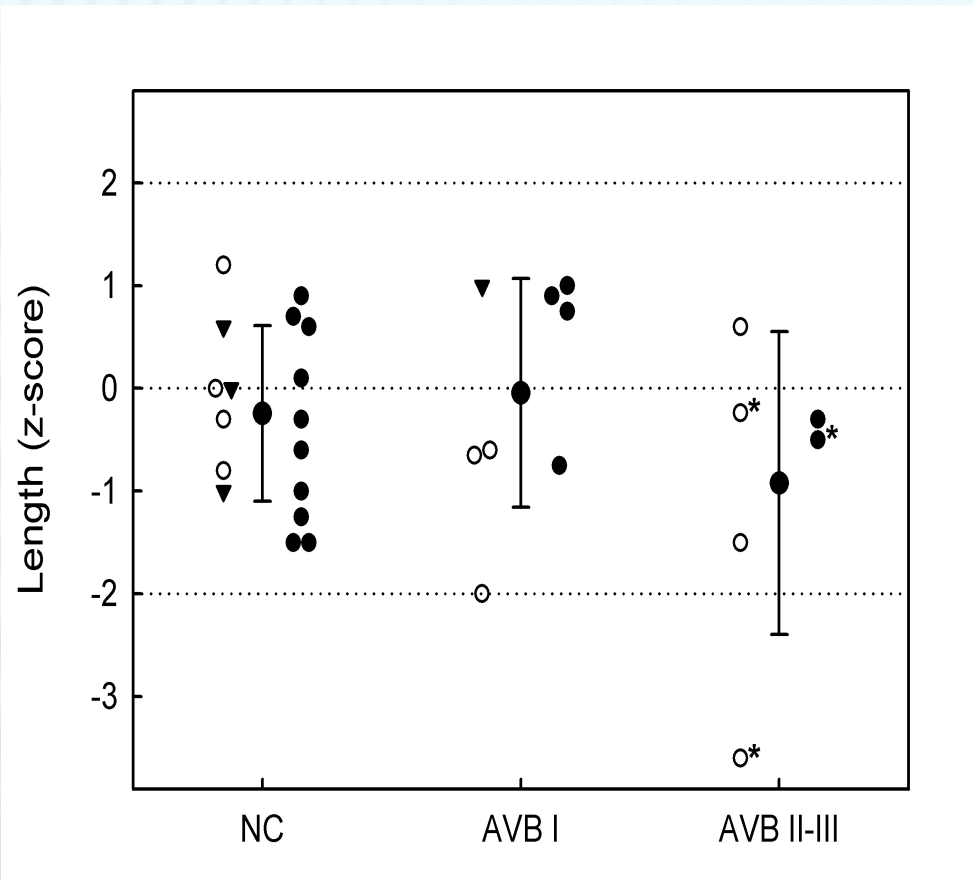
^a $P < .05$ AVB II-III versus NC.

^b $P < .05$ AVB II-III versus AVB I.

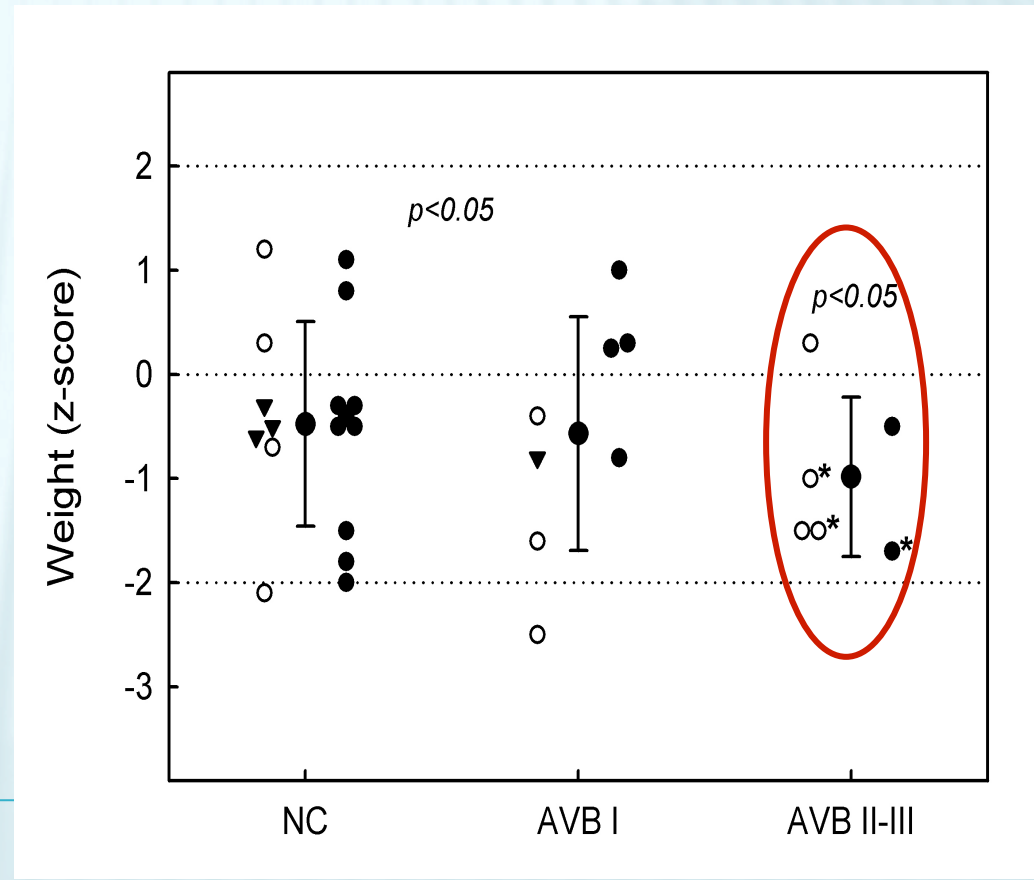
^c $P < .05$ AVB II-III versus AVB I and NC.

FETAL EXPOSURE TO ANTI R052-SSA AUTOANTIBODIES

LENGTH CORRECTED FOR GA

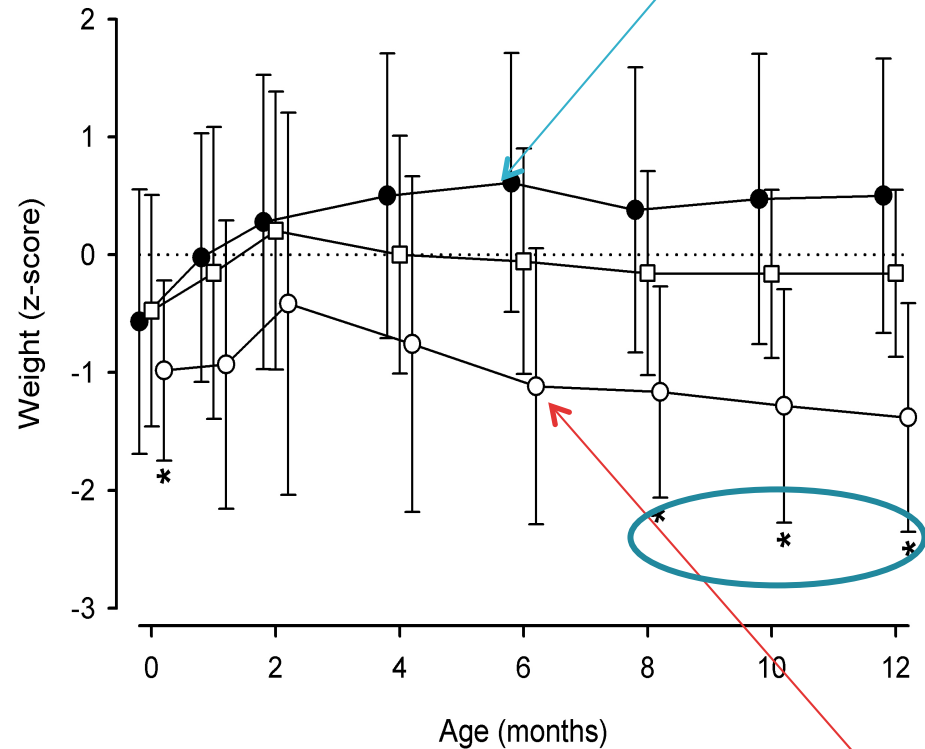


WEIGHT CORRECTED FOR GA

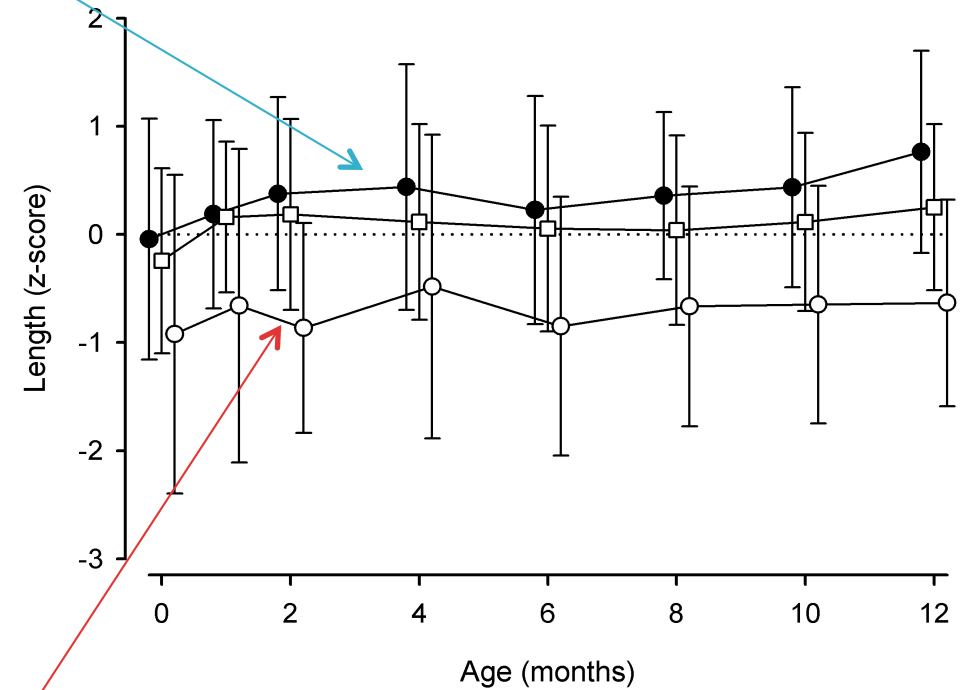


WEIGHT AND LENGTH AT BIRTH UNTIL THE FIRST YEAR OF LIFE

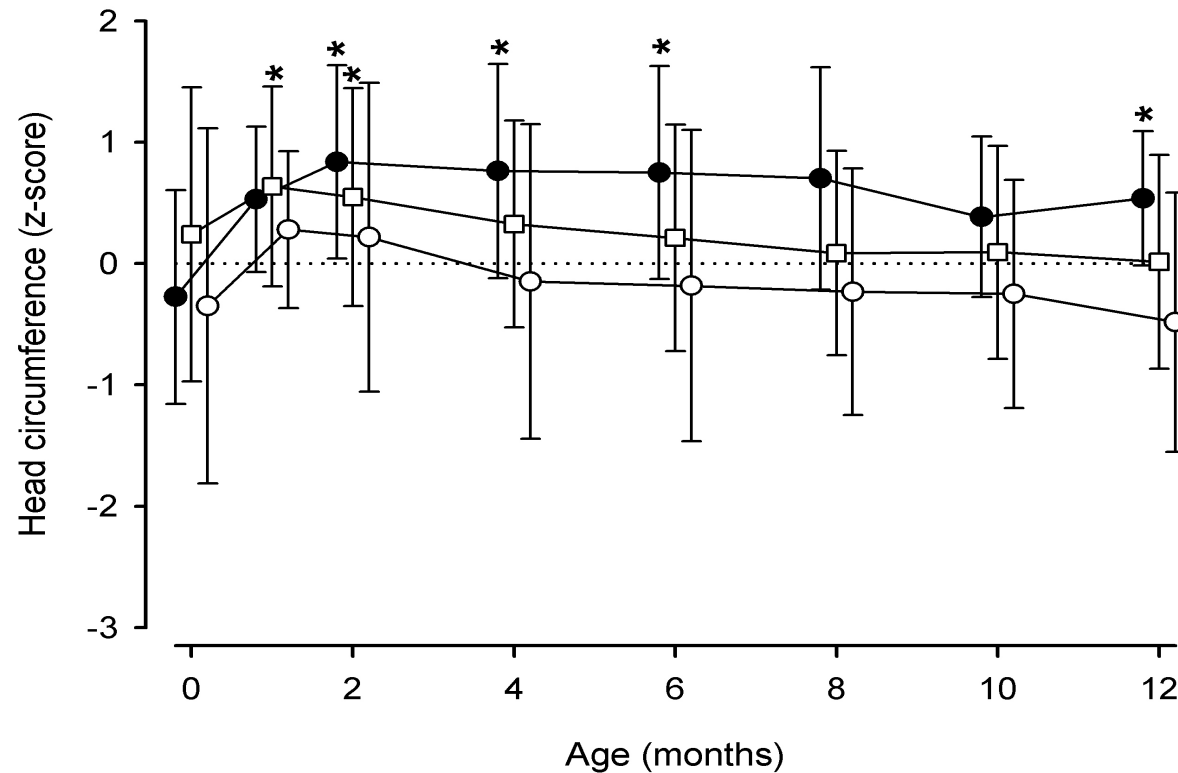
WEIGHT (Z-SCORES)



LENGTH (Z-SCORES)



HEAD CIRCUMFERENCE AT BIRTH UNTIL THE FIRST YEAR OF LIFE



Groups not
significantly
different
Not deviating
from expected
z-score (0)

CONCLUSIONS

AVB II-III

Growth retarded

No catch-up

AVB I/ NC

normal growth

REMAINING QUESTIONS

Long-term
growth?

Catch-up?
PM?

REGULAR ARTICLE

Long-term growth of children with autoantibody-mediated congenital heart block

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LONG-TERM GROWTH IN CHB

AIMS

To analyse long-term growth of AB-exposed siblings with and without congenital heart block (CHB) from birth to 18 years of age

- CHB vs non-CHB siblings
- All exposed vs reference standards

METHODS

- + National cohort of antibody exposed (anti Ro/SSA) siblings with (n=72) and without (n=60) CHB born 1973-2009 was identified and studied retrospectively from birth to 18 yrs
- + Data retrieved from medical records regarding: gestational age, mode of delivery, longitudinal data on weight, height and head circumference (HC) and age at pacemaker implantation
- + Questionnaire sent to the mothers regarding maternal diagnosis and steroid treatment during pregnancy

METHODS

- × 12 time points- 1,3 , 6 ,9 12, 18 months and 2-3, 4-5, 6-8, 9-11, 12-14 and 15-18 yrs of age
- × All measurements converted to a standardized z-score (using Swedish standard references))
- × Body mass index (BMI) was calculated

MATERNAL DIAGNOSIS

SLE

34 %

Primary SS

19 %

Rheumatoid Arthritis

6 %

Mixed connective tissue
disease

6%

No diagnosis/asymptomatic

35%

CHARACTERISTICS OF THE CHILDREN

Table 1. Characteristics of children included

	CHB (n=72)	Siblings without CHB (n=60)	All (n=132)	p-value CHB vs. No CHB
Gender, <i>n and %</i>				
Males	34 (47%)	26 (43%)	60 (45%)	
Females	38 (53%)	34 (57%)	72 (55%)	
Gestational age				
mean \pm 1 SD, weeks	38.1 \pm 2.3	38.8 \pm 2.2	38.4 \pm 2.3	ns
median, weeks	38	39	39	
Born preterm (GA<37 weeks)*, <i>n</i>	12	6	18	ns
Type of delivery, <i>n and %</i>				
Vaginal	28 (39%)	39 (65%)	67 (51%)	
Elective caesarean section	30 (42%)	4 (7%)	34 (26%)	
Emergency caesarean section	7 (10%)	4 (7%)	11 (8%)	
Ventouse	3 (4%)	8 (13%)	11 (8%)	
No info available	4 (6%)	5 (8%)	9 (7%)	

CHARACTERISTICS OF THE CHILDREN

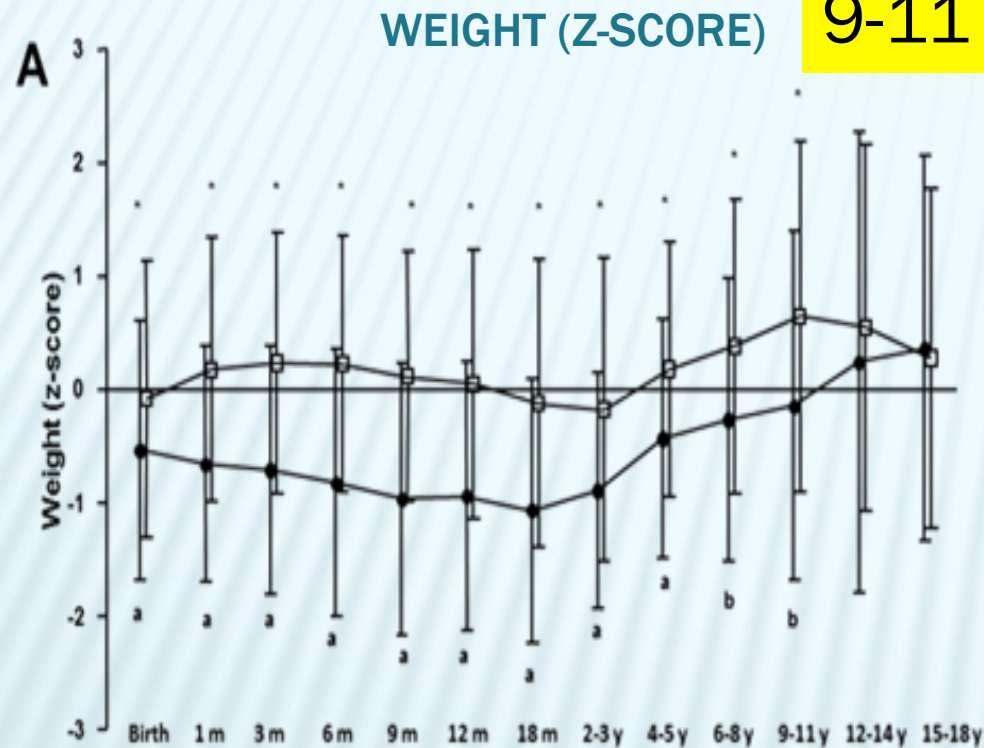
Table 1. Characteristics of children included

	CHB (n=72)	Siblings without CHB (n=60)	All (n=132)	p-value CHB vs. No CHB
Body measurements at birth				
Birth weight, mean \pm 1 sd, g	3024 \pm 588.2	3380 \pm 666.7	3184 \pm 647.0	p<0.001
Birth length, mean \pm 1 sd, cm	48.9 \pm 2.9	50.2 \pm 3.0	49.5 \pm 3.0	p< 0.01
Head circumference at birth, mean \pm 1 sd, cm	33.8 \pm 1.8	34.4 \pm 2.0	34.1 \pm 1.9	p<0.05
BMI (mean, sd, kg/m ²)	12.6 \pm 1.5	13.3 \pm 1.8	12.9 \pm 1.7	p<0.05
Individuals with low birth weight (< 2500 g), n	12	5	17	ns
Steroid treatment during pregnancy, n and %				
Steroid treatment during pregnancy	8 (11%)	2 (3%)	10 (8%)	
Betamethasone	3 (4%)	0 (0%)	3 (2%)	
Prednisolone	5 (7%)	2 (3%)	7 (5%)	
No steroid treatment during pregnancy	55 (76%)	52 (87%)	107 (81%)	
No information available	9 (13%)	6 (10%)	15 (11%)	
No. of measurements per individual, mean				
Weight	13	12	12	
Length	12	12	12	
Head circumference	4	4	4	
Pacemaker information				
Individuals with Pacemaker insertion during follow-up (<18 years), n	61 (85%)			
Age at pacemaker insertion, mean, years	3.77			
Age at pacemaker insertion, median (range), years	1.03 (0-16.87)			

* Data on GA missing for four individuals (1 with CHB and 3 without CHB)

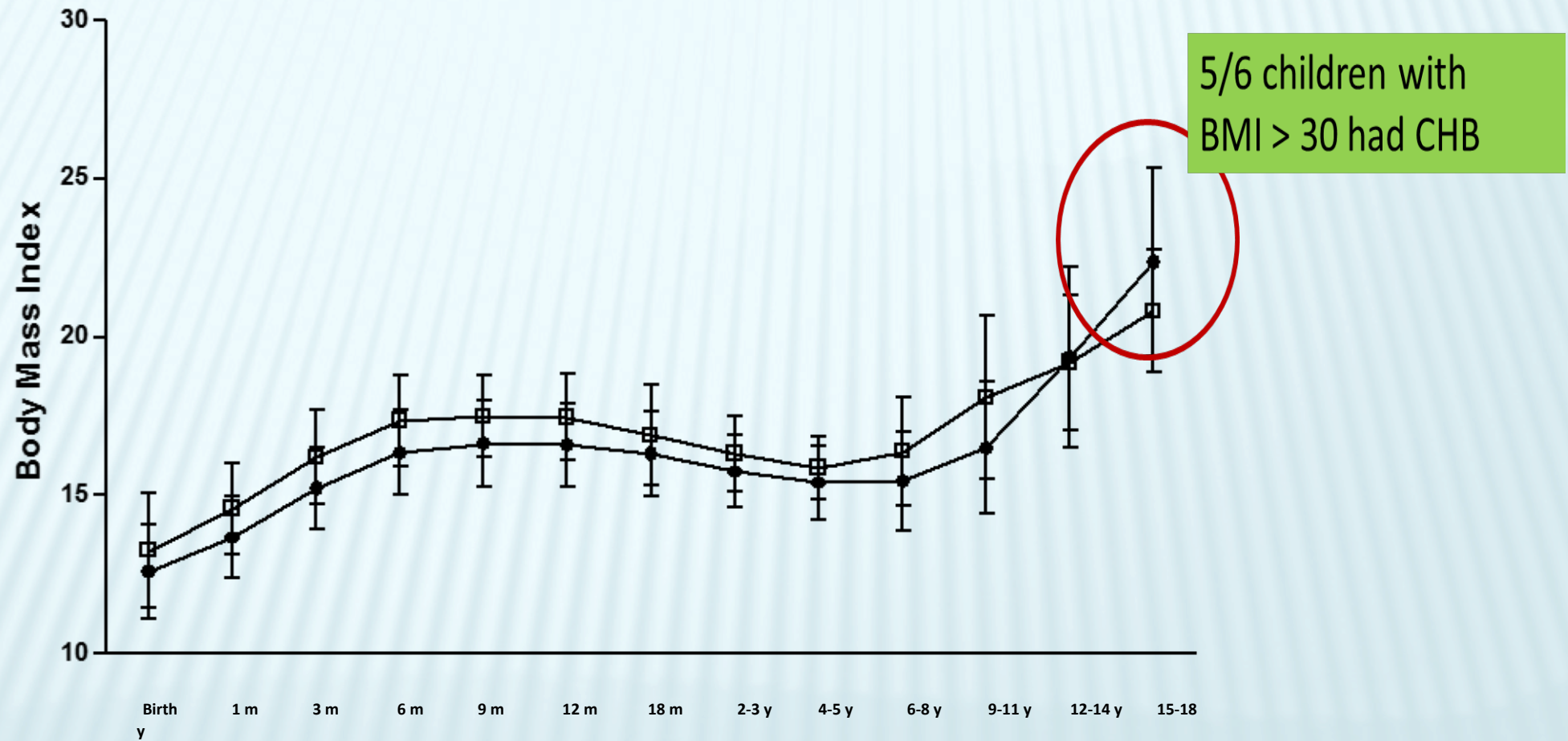
LONGITUDINAL WEIGHT AND HEIGHT

Progressive catch-up
from 2-3 yrs of age
Normal weight around
9-11 yrs of age



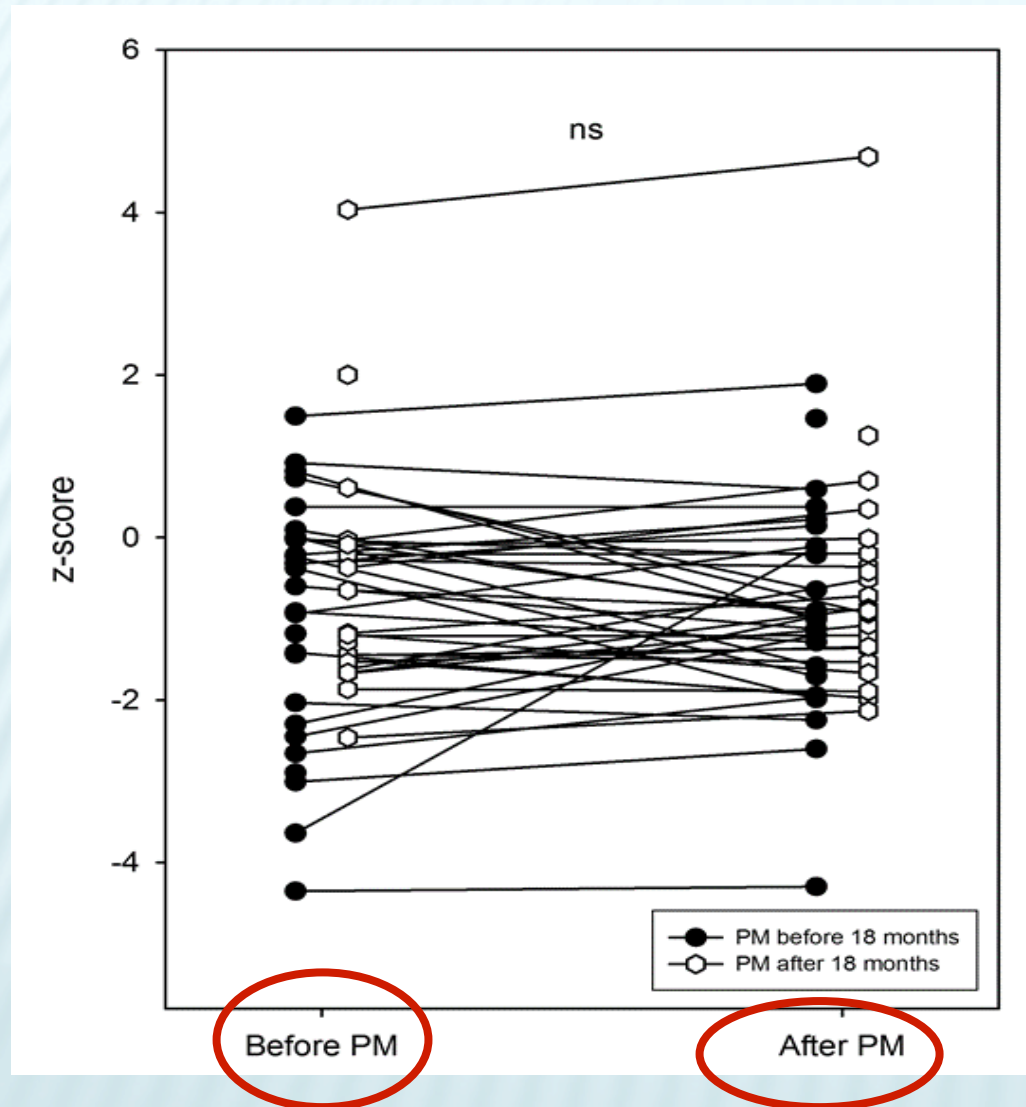
Longitudinal (A) weight and (B) height from birth to 18 years for children with and without CHB presented as the mean \pm 1SD. *: $p < 0.05$ CHB vs. No CHB (t-test), ^a: $p < 0.05$ CHB vs. z-score 0, ^b: $p < 0.05$, No CHB vs. z-score 0 (one sample t-test).

BODY MASS INDEX



BMI from birth to 18 years for children with and without CHB presented as the mean \pm 1SD. *: $p < 0.05$ CHB vs. No CHB (t-test), ^a: $p < 0.05$ CHB vs. z-score 0, ^b: $p < 0.05$, No CHB vs. z-score 0 (one sample t-test).

GROWTH AFTER PACEMAKER INSERTION



- ✖ Comparison before PM implantation vs after implantation (median 1 year)
- ✖ Separate comparisons patients with PM < 18 months and > 18 months
- ✖ No significant differences

CONCLUSIONS

- ✖ CHB children exposed to maternal Ro52-autoantibodies had impaired growth in the first years of life followed by a gradual catch-up
- ✖ Non-CHB siblings had normal growth compared to swedish reference standards
- ✖ Insertion of a PM did not result in a catch-up in growth in the first year after PM treatment

CONCLUSIONS

- ✖ Growth restriction was apparantly not an indication for PM treatment in our cohort.
- ✖ To many missing data (HR and heart function) to correlate morbidity before PM to growth
- ✖ Uncertainty about the effect of prenatal steroid treatment on long term growth

TACK!



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SCORE: 1

LONGITUDINAL WEIGHT OF CHB WITH AND WITHOUT PACEMAKER

