

Maternal Primary adrenal cortex insufficiency during pregnancy: Spotlight on the Fetus and the Neonate.

A systematic review and meta-analysis

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INTRODUCTION

Primary adrenal cortex insufficiency, congenital or acquired, first occurring during pregnancy is a rare condition. Due to this rarity the adverse effects of PAI especially during fetal and neonatal period, when body, sex and organ conformation is determined, are infrequently collected.

AIM

To **summarize** current knowledge regarding maternal primary adrenal cortex insufficiency and its impact on the fetus and the neonate.

To **quantitatively assess** the effect of the above diagnoses on the prevalence of miscarriage, preterm birth, the occurrence of SGA neonates, as well as the neonatal birth weight.

METHOD

PubMed, and Cochrane Controlled Register of Trials (CENTRAL) databases were searched. Categories of interventions examined: AD, APS, bilateral adrenalectomy and CAH (21-hydroxylase deficiency).

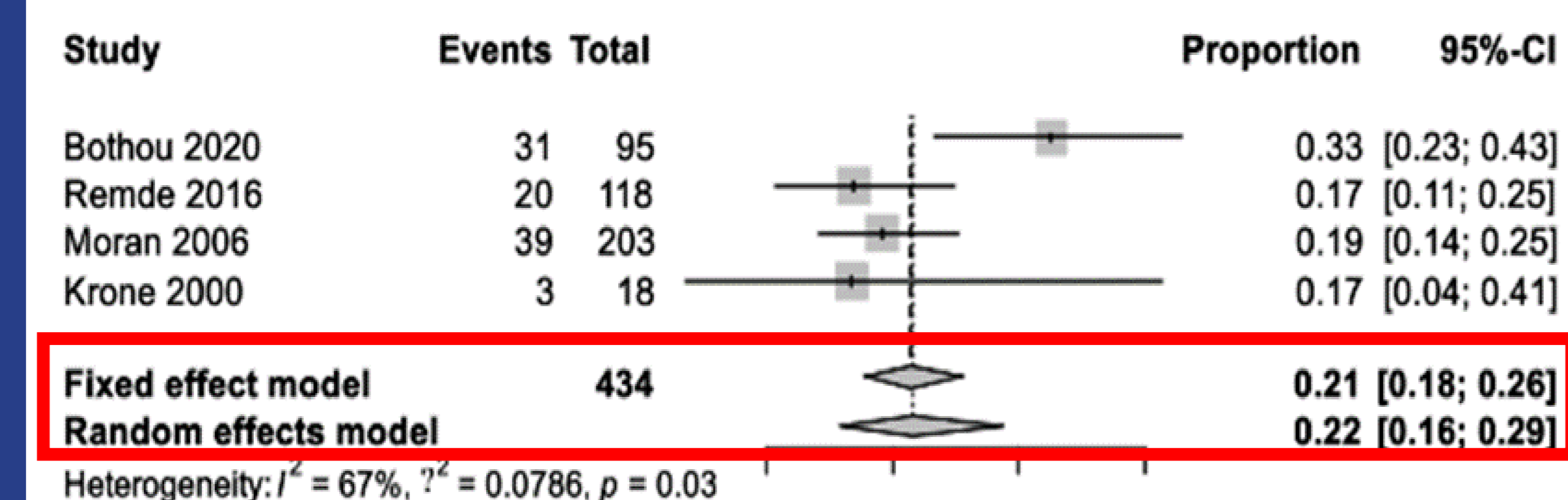
Type of outcome measures: birth weight, SGA, iUGR, virilization, spontaneous abortion, premature birth, fetal death.

Electronic search and screening and risk of bias assessment was done by two authors independently. A narrative synthesis and analysis of the results, and a subgroup analysis were conducted. The heterogeneity between studies was assessed by the estimation of Cochrane's Q and I² statistic

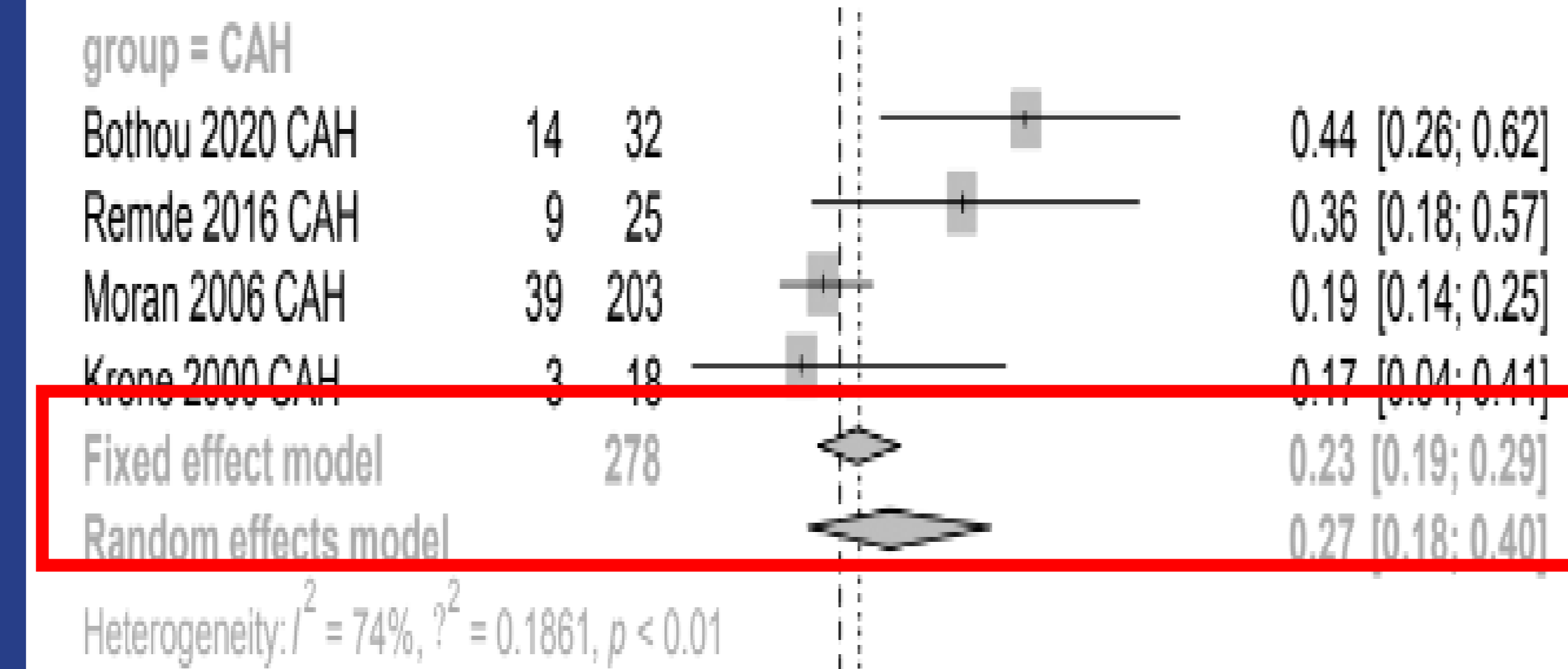
RESULTS

Miscarriage

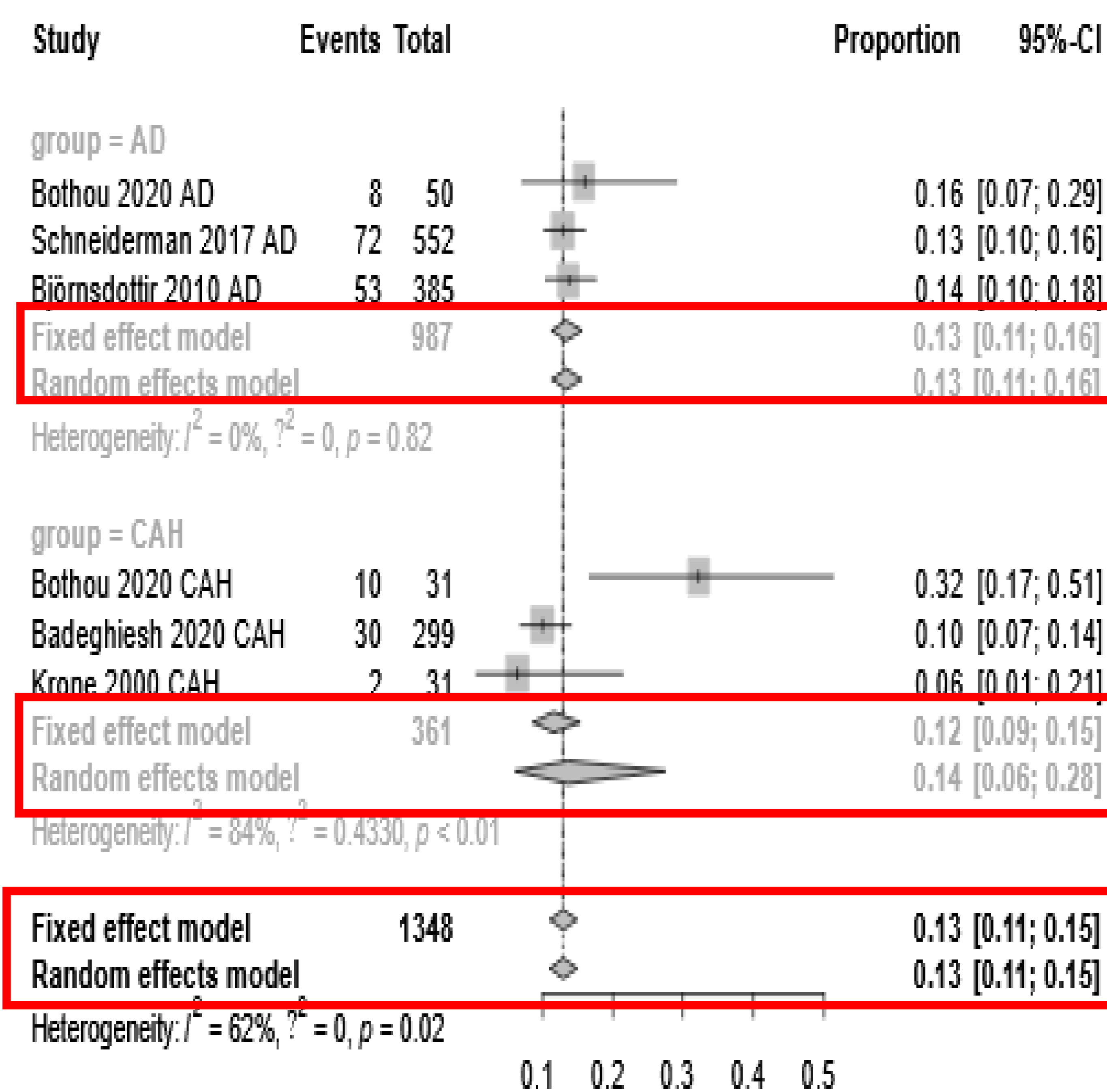
All women with PAI



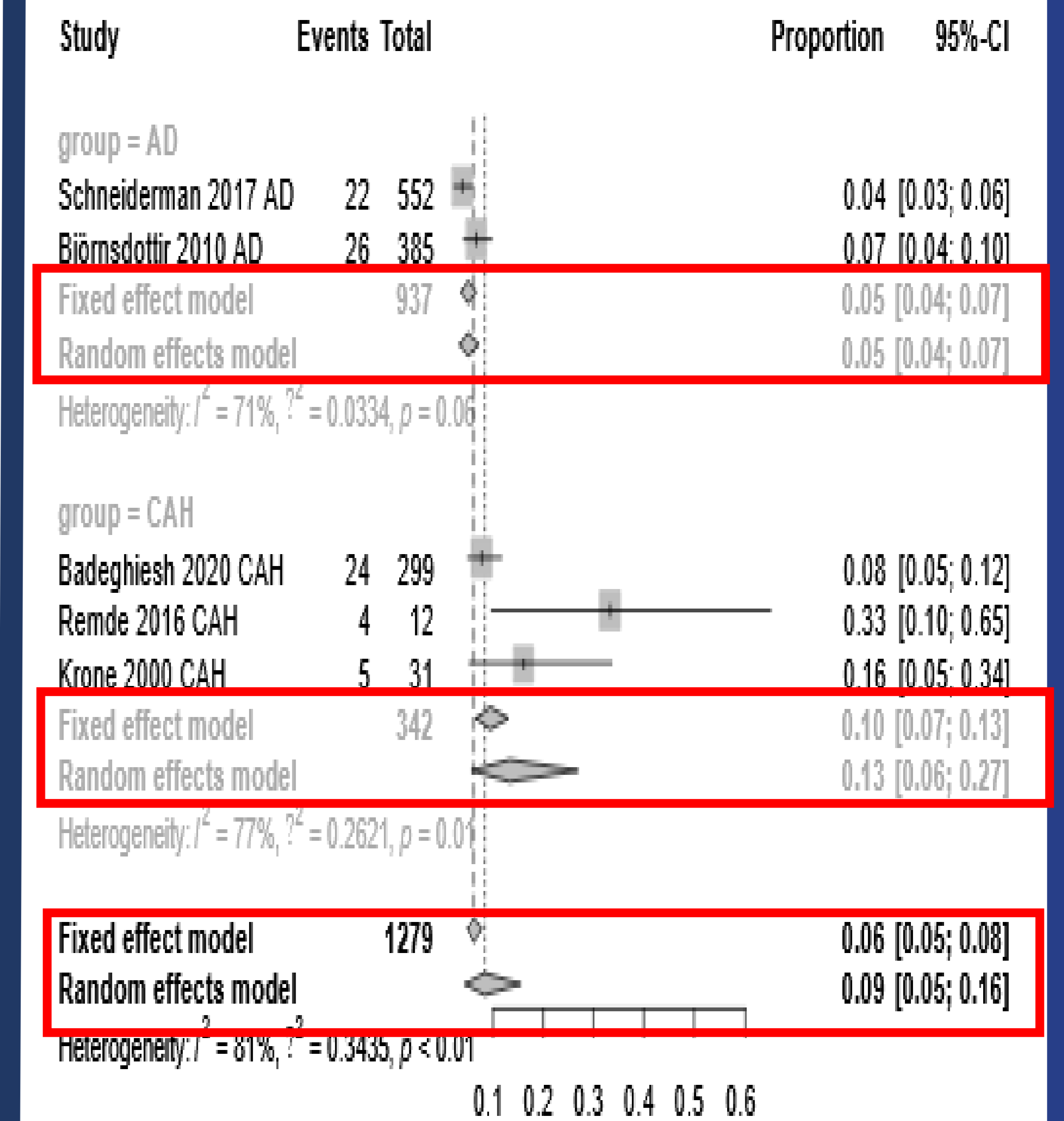
CAH subgroup



Preterm Birth



SGA neonates



CONCLUSIONS

The prevalence of **miscarriage** is **22%** among **PAI** women and may reach **27%** among **CAH** women. This prevalence is **18%** among **AD** women.

The prevalence of **prematurity** is **13%** among **PAI** women, and among the **CAH, AD** subgroups

The prevalence of **SGA neonates** from **PAI** others is **9%**. This rises to **13%** among **CAH** cases

Mean birth weight normal range in all groups

Fetal congenital anomalies are seldom

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