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PARASSITOLOGIA

CONGENITAL TOXOPLASMOSIS: OUTCOMES OF NEWBORNS FROM MOTHERS WITH DOCUMENTED SEROCONVERSION OUT OF A MULTICENTER COHORT IN TWO TERTIARY REFERRAL HOSPITALS

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INTRODUZIONE

Primary Toxoplasma gondii infection during pregnancy can cause congenital toxoplasmosis (CT) and documented seroconversion (SC) is the only evidence of such event. The aim of our study was to describe the newborns outcomes from a multicenter cohort of seroconverted mothers.

METODI

We retrospectively reviewed all T. gondii SCs among pregnant women referred to Brescia (Spedali Civili) and Pavia (IRCCS Policlinico San Matteo). We started the data collection from SCs reported in January 2007. We included all pregnancies with delivery at June 2018. Serologic data, amniocentesis results, neonatal outcome, antibiotic treatments and characteristics of CTs were recorded.

RISULTATI

247 pregnant women were included: 12 with periconceptional infection and 235 with documented SC. Our cohort included 3 twin pregnancies with a total of 238 newborns expected.
We could not retrieve the pregnancy outcome in in 56/238 (23,5%) cases. The observed transmission rate was 25,3%: 46,7% among the 3rd trimester SCs, 8,8% among 2nd trimester SCs and 0/38 among the 1st trimester ones. Among the infected fetuses, 12 had clinically apparent CT (26,7%): 11 livebirths (4 with ocular and 7 with CNS localization) and 1 terminated fetus. Two miscarriages and one more termination of pregnancy were recorded without any information about fetuses. All the infected newborns were treated with one year of pyrimethamine-sulfadiazine.
Spiramycin was the mother's first choice treatment and in only three cases it was interrupted because of side effects. Six women (2,6%) didn't receive treatment and for four subjects we didn't have any records.
Amniocentesis was performed in 35,7% cases, no complication was recorded and no false positive or false negative results were registered. We didn't find any CT among periconceptional infections.

CONCLUSIONI

The results are in line with the fetal risks reported in literature for T. gondii infection during pregnancy. The treatment was promptly initiated after SC evidence. It is still difficult to guarantee an efficient multidisciplinary management of such complicated pregnancies.