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Anti-TNF Exposure in Utero, What About My Twins?

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To the Editor: We read with great interest the study by Chaparro et al. in regard to outcomes of infants exposed to anti-TNF in utero [1]. In their study, they found no increased risk for serious infections in those infants exposed to anti-TNF agents in utero compared with non-exposed. However, they did find a higher proportion of complications in terms of cesarean sections, need for ICU admission and low birth weight.

This is important work that adds to our body of knowledge with a large cohort followed for more than just a few weeks. In their analysis the authors found that it was pre-term birth, and not the use of anti-TNF therapy that was associated with an increased risk of adverse birth outcomes. These results should be comforting to our patients, who are concerned about the risks of continued biologic exposure during pregnancy.

But as with other large studies on pregnancy to date this study was limited to only singleton pregnancies. As the number of women undergoing assisted reproductive technology (ART) increases, we clinicians get the obvious question: what will happen to my twins? There are known increased risks for both maternal and neonatal outcomes in multiple gestation pregnancies, but hard to counsel anxious patients without data. We do have some recent population-based data as to the outcomes of twins in the healthy population [2]; future multicenter experience with multiple gestation pregnancies will be just as important to study as the singleton pregnancies.

CONFLICT OF INTEREST

Guarantor of the article: Sunanda Kane, MD, MSPH.

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Pregnancy and Inflammatory Bowel Disease: A Long Way to Go

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To the editor: We thank Drs. Kane and Becker for their interest on the TEDDY study [1, 2]. Our study aimed to know the long-term safety of anti-TNF agents in children born to mothers with inflammatory bowel disease (IBD). The safety of these drugs during pregnancy has been demonstrated; however, little is known about their impact on children outcomes. For that reason, we hope that TEDDY study could bring some data to mothers and clinicians to make evidence-based decisions.

However, we think that the TEDDY study is only the first step in a long way to go. IBD affects patients in their reproductive years. To maintain disease in remission is crucial for pregnancy outcome. In the previous years, new biologics have been approved for the treatment of IBD: vedolizumab for Crohn's disease and ulcerative colitis, and ustekinumab for Crohn's disease. Recently, a JAK inhibitor—tofacitinib—has been approved for ulcerative colitis. In the near future, new drugs are expected to increase the therapeutic armamentarium of IBD. All these