



# International Journal of Obstetrics and Gynaecological Nursing

E-ISSN: 2664-2301  
P-ISSN: 2664-2298  
[www.gynaecologicalnursing.com](http://www.gynaecologicalnursing.com)  
IJOGN 2025; 7(1): 19-21  
Received: 11-11-2024  
Accepted: 15-12-2024

**V Sabitha Anto**  
Professor and HOD, Sardar  
Rajas College of Nursing,  
Kavalkinaru, Tirunelveli,  
Tamil Nadu, India

**J Lizy Merlin Lisha**  
Professor and Principal,  
Sardar Rajas College of  
Nursing, Kavalkinaru,  
Tirunelveli, Tamil Nadu, India

**J Jeniraj**  
B.Sc. (N) IV Year, Sardar  
Rajas College of Nursing,  
Kavalkinaru, Tirunelveli,  
Tamil Nadu, India

## Case report on Sjögren syndrome

**V Sabitha Anto, J Lizy Merlin Lisha and J Jeniraj**

**DOI:** <https://doi.org/10.33545/26642298.2025.v7.i1a.179>

### Abstract

Sjögren syndrome is an autoimmune disease that can prevent either along as in primary Sjogren syndrome or in associated with underline connective tissue disease the spectrum of clinical presentation of Sjögren syndrome extends from dryness of main mucosal surface to systematic involvement. dryness of the mucosal surface occurs because of immune mediated inflammation causing secretory glands function. Sjögren syndrome is known as to occur free dominantly in women. Affected women's aur likely to experience more complicated pregnancy's there are women without the disease. The prevalence of Sjögren syndrome rangers from 0.29% to 0.778% and in significantly higher in woman than in man with the gender ratio of 1:9:20 making it a life-threatening event for women. In yearly clinical practice most of the Sjögren syndrome patients where diagnose the age of 40-50 years so it effects on the pregnancy was not taken seriously, however in recent years women reproductive each has been highly concealed in enhance awareness of early diagnosis and early treatment, more than 25% of Sjögren syndrome patients are diagnosed before the age of 35, so it impacts of pregnancy in gradual been paid attention to.

**Keywords:** Sjögren syndrome, autoimmune disease, primary Sjögren syndrome

### Introduction

Mrs. Peachiyammal of 25 years old prime gravida mother was admitted in Tirunelveli Medical College and Hospital on 18.07.2024 with chief complaints of dryness of eyes, dry mouth, weakness of limbs and inappropriate abdominal size to the gestational age in the past 3 months. Her last menstrual period (LMP) was 14.12.2023 and the Expected date of delivery (EDD) been 21.09.2024 the gestation weeks was 31 weeks+2 days.

On examination general condition is fair hydrated, pulse rate is 80 beats/minute and BP is 120/80 mm hg. On abdominal examination the uterus fundal height is 30 cm and the gestation weeks through finger breath method is 28 weeks of gestation. The fetal heart rate is 154 beats per minute with good fetal movement and IUGR.

Investigations done during admission such as HIV, HbsAg, VDRL, CBC, RFT, LFT TSH, the findings are normal. On 20.07.2024 MRI was taken to the mother; the abnormal findings are intra uterine growth retardation of the fetus and diagnosed as Sjögren syndrome with IUGR.

Treatment given to the mother is Tab. Hydroxy-chloro-quinone 200 mg given Bd, Tab. NaHCo<sub>3</sub> 500 mg TDS, Syp. KCl 15ml BD, Tab Vitamin B complex and Folic acid supplement OD. The mother is also advice to go for ophthalmologic examination and Daily Fetal Kick Counts is monitored.

### Literature review

According to Gupta Suruchi (2017) <sup>[5]</sup>, women with Sjögren syndrome are likely to experience more complications during pregnancy. Studies show a high incidence of poor fetal outcomes for these patients.

According to Baoqing Geng *et al.* (2022) <sup>[6]</sup> Sjögren syndrome can lead to the involvement of many exocrine glands and tissues, and the placenta is also one of the target organs during pregnancy, and placental dysfunction can occur after injury, and maternal IgG such as anti-SSA, anti-SSB, and anti-nuclear antibodies can also enter the fetus through the placental barrier and affect its intrauterine development, leading to a variety of adverse pregnancy outcomes such as miscarriage, congenital malformations, stillbirth, and preterm delivery. It can also increase the risk of multiple pregnancy comorbidities, such as preeclampsia and

**Corresponding Author:**  
**V Sabitha Anto**  
Professor and HOD, Sardar  
Rajas College of Nursing,  
Kavalkinaru, Tirunelveli,  
Tamil Nadu, India

premature rupture of membranes, and increase the incidence of complications such as postpartum deep vein thrombosis, thereby affecting maternal health and pregnancy outcomes.

**Clinical presentation on Sjögren syndrome**

**Definition**

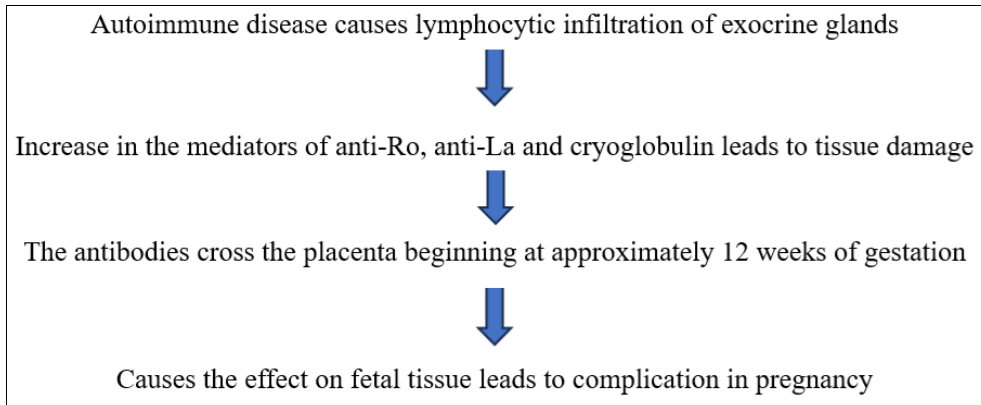
Sjögren syndrome is a chronic slowly progressive autoimmune disease characterized by symptomatic

infiltration of the exocrine glands.

**Classification**

- Primary Sjögren syndrome-the disease present alone
- Secondary Sjögren syndrome-associated with disease such as rheumatoid arthritis, SLE, scleroderma etc.

**Pathophysiology**



Etiology

Book picture	Mothers picture
Unknown cause	Unknown cause
Viral infection such as hepatitis c	-
Triggering of bacteria	-

Clinical manifestation

Book picture	Mothers picture
<b>Common symptoms</b>	
Dryness of the mouth	Dryness of the mouth
Decreased tearing	Decreased tearing
Eye burning	-
Photosensitivity	-
Low grading fever	-
Parotid swelling	-
<b>Pregnancy symptoms</b>	
Decreased in the fetal development	Decreased in the fetal development (IUGR)
Poor weight gain	Poor weight gain
Weakness of limbs	Weakness of limbs
Fetal distress	-

Diagnostic evaluation

Book picture	Mothers picture
HIV, HbsAg, VDRL	Negative report in HIV, HbsAg & VDRL
CBC	Decreased platelet count
RFT	Normal RFT findings
LFT	Increase in the bilirubin level
TSH	Normal TSH value
Anti-Ro, Anti-La	-
Random blood sugar	Hypoglycemia
ECG	Normal sinus rhythm
MRI	Poor fetal development (IUGR)

## Treatment

Book picture	Mothers picture
Hydroxychloroquine is very useful	Tab. HCQ's 200mg BD
Systematic steroids are used to reduce swelling of glands	-
Cyclosporin and ocular drops is preferred.	-
-	-
-	Tab NaHCO <sub>3</sub> 500mg TDS
-	Syp. KCL 15ml BD

**Nursing consideration**

- Intra uterine growth retardation related to Sjögren syndrome as evidence by poor fetal development
  - Monitor fetal kick chart
  - Advise the mother to take protein rich diet
  - Administer tablet HCQs 200 mg
- Impaired lacrimal secretion and salivation related to Sjögren syndrome as evidenced by dryness of the mouth and eyes.
  - provide more fluid items
  - provide eye cellulose drops
  - provide frequent oral intake
  - advise the mother to apply lip balm

**Other nursing diagnosis**

- Impaired nutritional status less than body requirement related to loss of appetite
- Sleeping pattern and disturbance related to hospitalization
- Knowledge deficit related to disease progress

**Conflict of Interest**

Not available

**Financial Support**

Not available

**References**

- Dunkin A, Mary. Arthritis Foundation: Sjögren Syndrome and Pregnancy [Internet]. 2024 [cited 2024 Jan 25]. Available from: <https://www.arthritis.org/health-wellness/healthy-living/family-relationships/family-planning/sjogren-syndrome-pregnancy>
- Sjögren syndrome and pregnancy: A literature review. Perm J [Internet]. 2017 [cited 2024 Jan 25]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5267941/>
- Geng B, *et al.* A meta-analysis of the effect of Sjögren syndrome on adverse pregnancy outcome [Internet]. 2022 [cited 2024 Jan 25]. Available from: <https://www.elsevier.es/en-revista-clinics-22-articulo-a-meta-analysis-effect-sjogrens-syndrome-S1807593222033415>
- Pregnancy and Sjögren syndrome. Sjögren Foundation [Internet]. Season 1, Episode 3. [cited 2024 Jan 25]. Available from: <https://sjogrens.org/living-with-sjogrens/pregnancy-and-sjogrens>
- Gupta S, Gupta N. Sjögren syndrome and pregnancy: a literature review. The Permanente Journal. 2017;21.
- Geng B, Zhang K, Huang X, Chen Y. A meta-analysis of the effect of Sjögren' s syndrome on adverse pregnancy outcomes. Clinics. 2022;77:100140.

**How to Cite This Article**

Anto VS, Lisha JLM, Jeniraj J. Case report on Sjögren syndrome. International Journal of Obstetrics and Gynaecological Nursing. 2025;7(1):19-21.

**Creative Commons (CC) License**

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.