

THIOPURINES EXPOSURE IN-UTERO IS NOT ASSOCIATED WITH ABNORMAL HAEMATOLOGIC AND BIOCHEMICAL PARAMETERS IN INFANTS: A PICCOLO-X STUDY

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Prospective study of 78 thiopurine-exposed and 52 biologic-exposed infants found no increased risk of biochemical or haematologic abnormalities with thiopurine exposure in utero, with favourable clinical outcomes through 6 months.

KEY POINTS

- No increased risk of thrombocytosis, transaminitis, or anaemia in thiopurine-exposed versus biologic monotherapy-exposed infants at 6 weeks, 3 months, and 6 months.
- Thiopurine metabolites (TGN and MMP) cleared in all tested infants by 6 weeks, with median infant-to-maternal ratios of 0.38 for TGN and 0.18 for MMP at delivery.
- Abnormal biochemical and haematologic findings, when present, were associated with antenatal maternal inflammation (CRP, calprotectin), altered maternal thiopurine metabolism, and preceding infant infection or vaccination, not with thiopurine exposure itself.
- No increased risk of infection, chronic disease, allergy, or growth below the 10th percentile in thiopurine-exposed infants compared to controls through 6 months.
- Thrombocytosis was common in all infants (80% at 6 weeks), and elevated ALT was seen in over 50% at 3 and 6 months, regardless of maternal treatment group.

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