

## Type 1 of Myotonic Dystrophy in Pregnant Women

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DM1 or Myotonic Dystrophy type 1, affects about one in eight thousands of adults. Type 1 of Myotonic Dystrophy as a multisystemic disease, is the most common muscular dystrophy in pregnancy. Fertility can be affected by DM1, although normal fertility can be seen in the women with DM1 either. Myotonic dystrophy protein kinase gene is located on the 19q13.3 chromosome and CAG trinucleotide repeats in that gene, can cause DM1 as an autosomal dominant genetic pathology.

Congenital myotonic dystrophy in a newborn of a pregnant woman with DM1, can show itself with hypotonia, cognitive deficits, weakness, respiratory problems and early mortality enhanced risk. Congenital myotonic dystrophy is a congenital phenotype of DM1 which is more severe than DM1 itself. Although DM1's maternal prognosis is good, but congenital myotonic dystrophy in the newborn which has received the relevant genes from the mother, shows severe prognosis which its reason is unclear.

In case the pregnant woman has inherited myotonic dystrophy type 1 from her father, she has had a child with congenital myotonic dystrophy in the past, she has had multiple organ systems symptoms before 30 years of age and has more than 1 KB gene expansion, her risk for delivering a child with congenital myotonic dystrophy is much more higher. Restriction in intrauterine movements which is severe, polyhydramnios and fetal death risk are also related to congenital myotonic dystrophy. The risks for placenta previa, ectopic pregnancy, premature labor and birth, UTI, oblique fetal lie and breech presentation can be increased in the pregnant patients with myotonic dystrophy type 1.

To improve fetal and maternal outcomes of these patients, reviewing the recommendations of the 179th European Neuromuscular Center Workshop about pregnancy in neuromuscular disorders can be beneficial [1-6].

### Bibliography

1. Meola G. "Clinical aspects, molecular pathomechanisms and management of myotonic dystrophies". *Acta Myologica* 32 (2013): 154-165.
2. Harper PS. "Myotonic dystrophy". 3<sup>rd</sup> edition. London (UK): WB Saunders (2001).
3. Rudnik-Schoneborn S and Zerres K. "Outcome in pregnancies complicated by myotonic dystrophy: a study of 31 patients and review of the literature". *European Journal of Obstetrics and Gynecology and Reproductive Biology* 114.1 (2004): 44-53.
4. Sparks SE. "Neonatal hypotonia". *Clinics in Perinatology* 42.2 (2015): 363-371.

5. Barnes PR. "Clinical and genetic aspects of myotonic dystrophy". *British Journal of Hospital Medicine* 50.1 (1993): 22-30.
6. Udd B and Krahe R. "The myotonic dystrophies: molecular, clinical, and therapeutic challenges". *Lancet Neurology* 11.10 (2012): 891-905.

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