

OFATUMUMAB EXPOSURE UNTIL EARLY PREGNANCY IN A WOMAN WITH RELAPSING-REMITTING MULTIPLE SCLEROSIS: A CASE REPORT

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1. Background and importance:

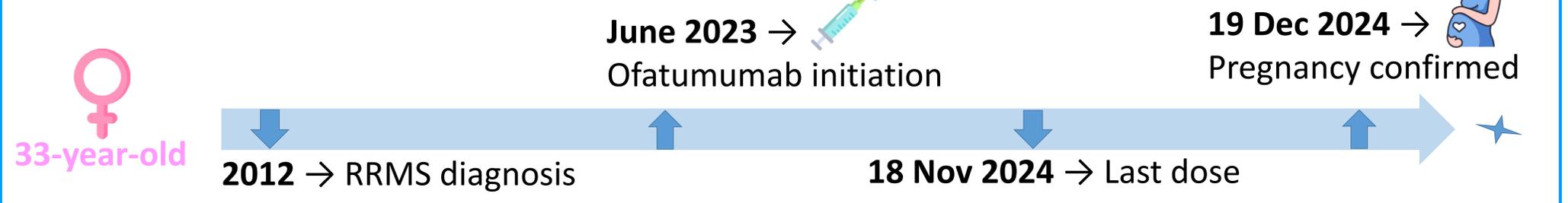
Relapsing-remitting multiple sclerosis (RRMS) commonly affects women of childbearing age. Although anti-CD20 therapies such as ofatumumab are effective, their safety in pregnancy is uncertain, and discontinuation is recommended due to potential neonatal B-cell depletion. 1, 2



2. Aim and objectives:

To describe the maternal and neonatal outcomes in a patient with RRMS exposed to ofatumumab until conception and early pregnancy.

3. Materials and methods:



★ Ofatumumab was discontinued immediately following pharmacist and neurologist counselling. The patient underwent regular neurological and obstetric follow-up.

4. Results:

Pregnancy was uneventful, with no relapses or MRI activity. At 39 weeks, an urgent caesarean section was performed due to fetal distress. A healthy male infant was born (Apgar 9/10, normal measurements, no malformations). Breastfeeding was discontinued after one week. Ofatumumab was restarted postpartum without complications. Neonatal lymphocyte counts were normal, and no early infections were observed.



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5. Conclusion and relevance:

This case adds to the limited evidence on ofatumumab use in women with MS planning pregnancy. Preconception and very early gestational exposure was not associated with maternal relapse, obstetric complications, or neonatal abnormalities. Current guidelines recommend discontinuation once pregnancy is confirmed and neonatal monitoring (B-cell counts and vaccination schedule). Case reporting remains essential to strengthen evidence.

References:

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- Dost-Kovalsky K, Bast N, Haben S, Blum N, Friedmann N, Oganowski T, et al. B-cell counts in pregnancy exposed ofatumumab neonates of women with multiple sclerosis. *Neurology*. 2025. doi:10.1212/WNL.0000000000210623