

Early Warning Signs of Systemic Lupus Erythematosus

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DESCRIPTION

Lupus is often referred to as "the great imitator" because its symptoms can mimic those of many other conditions. The disease tends to develop gradually, with symptoms appearing intermittently and varying in severity. While lupus can affect individuals of any age, gender, or ethnicity, it is most commonly diagnosed in women during their reproductive years. The exact cause remains unknown, but genetic predisposition, hormonal influences, environmental triggers, and immune system abnormalities are believed to play important roles.

One of the earliest and most common warning signs of Systemic Lupus Erythematosus (SLE) is persistent fatigue. Unlike ordinary tiredness that improves with rest, lupus-related fatigue can be overwhelming and long-lasting. Individuals may feel exhausted even after adequate sleep and may struggle to perform routine daily activities. This fatigue often occurs before other noticeable symptoms develop and may significantly impact work performance, social interactions, and overall well-being.

Because fatigue is associated with many health conditions, it is frequently overlooked or attributed to stress, lifestyle factors, or other illnesses. However, when fatigue persists without an obvious explanation, particularly when accompanied by additional symptoms, medical evaluation is warranted.

Joint-related symptoms are among the most characteristic early manifestations of lupus. Many patients experience pain, stiffness, tenderness, and swelling in multiple joints, especially those of the hands, wrists, knees, and feet. Morning stiffness that improves gradually throughout the day is a common complaint.

Unlike some forms of arthritis, lupus-related joint inflammation may not always cause permanent joint damage in the early stages. Nevertheless, recurring joint pain can interfere with mobility and daily functioning. Individuals notice unexplained, symmetrical joint discomfort affecting both sides of the body should seek medical attention for further assessment.

Skin involvement is another important early indicator of SLE. The most recognized sign is the "butterfly rash," a reddish rash that appears across the cheeks and bridge of the nose. Although

this rash is strongly associated with lupus, not every patient develops it.

Many individuals experience heightened sensitivity to sunlight, known as photosensitivity. Even brief exposure to ultraviolet radiation may trigger rashes, worsen existing symptoms, or lead to disease flare-ups. Skin lesions may also appear on the arms, neck, scalp, or other sun-exposed areas. Any recurrent rash, particularly one aggravated by sunlight, should prompt further medical investigation.

Low-grade fever without an identifiable infection is a common but often overlooked warning sign of lupus. The fever may come and go and is usually associated with underlying inflammation caused by immune system activity. Individuals may initially mistake these episodes for minor viral illnesses or seasonal infections.

When recurrent fevers occur alongside fatigue, joint pain, or skin changes, healthcare providers may consider autoimmune conditions such as lupus as part of the diagnostic process.

Hair thinning or excessive hair shedding can occur during the early stages of SLE. Inflammation affecting the skin and hair follicles may cause diffuse hair loss across the scalp. Some individuals also develop fragile, brittle hair that breaks easily.

Although hair loss can result from nutritional deficiencies, stress, hormonal changes, or other medical conditions, persistent or unexplained shedding accompanied by other lupus-related symptoms deserves clinical evaluation.

Painless sores inside the mouth or nose are frequently reported by lupus patients. Because these ulcers may not cause discomfort, they can go unnoticed for extended periods. Nevertheless, they represent an important clinical clue that healthcare professionals consider when evaluating possible autoimmune disease.

Recurrent oral ulcers, especially when combined with fatigue, joint symptoms, or skin manifestations, may contribute to a diagnosis of SLE.

Some individuals with lupus experience raynaud's phenomenon, a condition in which the fingers and toes change color in

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response to cold temperatures or emotional stress. The affected areas may turn white, blue, and then red as blood flow changes. Numbness, tingling, and pain may accompany these episodes. Although raynaud's phenomenon can occur independently, it is also associated with autoimmune diseases, including lupus. Early recognition of this symptom may help identify underlying systemic illness.

In conclusion, systemic lupus erythematosus is a complex autoimmune disease that can affect multiple organs and present

with a wide variety of symptoms. Early diagnosis, appropriate medical treatment, and healthy lifestyle choices are essential for managing the disease effectively. Although living with lupus can be challenging, ongoing medical advances and increased awareness are helping many patients lead longer, healthier, and more fulfilling lives. Understanding lupus is the first step toward improving outcomes, supporting those affected, and advancing the search for more effective treatments in the years ahead.