

## Pediatric Lupus: Signs and Symptoms in Children

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### DESCRIPTION

Systemic Lupus Erythematosus (SLE) is a condition that causes inflammation and damage to the organs, skin and joints. The most affected organs are the kidneys, heart, lungs and brain. Each infant and adult is affected differently by lupus. Lupus symptoms can be minor to severe, and the disease can be fatal. The autoimmune disorder affects both children and adults, but children experience unique challenges. Some children with lupus have increased disease activity over time. Others experience acute inflammation at the beginning of the disease, which subsides as the disorder progresses. This might be because of estrogen hormone appears to be linked to lupus. African-Americans, Asian-Americans, Latinos, and American-Indians are more likely to be affected by lupus than Caucasian-Americans.

Lupus is most commonly observed in children over the age of 15. According to the arthritis foundation, around 25,000 children have lupus. Kidney issues are common in children with lupus. The severity of renal abnormalities can reduce the survival rate of lupus patients. In certain situations, the children's kidney damage is severe and causes renal failure. Lupus is caused by many different factors. The factors are generally both hereditary and environmental. Lupus can repeat in families since it is caused by genes. Lupus symptoms are often chronic, but they might become more or less severe at different times in a child's life.

### Symptoms

Every child is affected differently by lupus; the following are the most common symptoms:

- Malar rash, a butterfly-shaped rash that often appears on the bridge of the nose and the cheekbones. The discoid rash is a raised rash that appears on the head, arms, chest, or back.
- Fever, stiffness, discomfort, and edema in the joints, sensitivity to sunlight, hair loss, ulcers in the mouth.
- Fluid usually accumulates around the lungs, heart, or other organs. Kidney complications, low platelet or white blood cell count reduces gradually.
- Raynaud's phenomenon is a disorder in which the blood vessels in the fingers and toes spasm. Loss of weight,

dysfunction of the nerves or brain, insufficient energy. The red blood cell count is low. Appetite suppression, lymph nodes that are swollen. Lupus symptoms may resemble those of other medical diseases. It is critical to remember that the presence of some of the symptoms does not imply that all children have lupus [1-3].

### Diagnosis

Lupus is difficult to diagnose due to the wide range and intensity of symptoms that each person may experience. Not every test can be used to diagnose lupus. Instead, professionals often base their diagnosis on a child's medical history, reported symptoms, a physical examination, and a series of diagnostic and imaging tests.

Blood tests are used to detect specific antibodies that are present in almost all lupus patients. Urine and blood tests are used to evaluate kidney function. Complement test to determine the amount of complement, a group of proteins found in the blood that aid in the destruction of foreign substances. Lupus is commonly linked to low complement levels in the blood. X-rays are used to create images of internal organs, tissues, and bones. The sedimentation of erythrocytes is done by Erythrocyte Sedimentation Rate (ESR) is the rate at which red blood cells drop to the bottom of a test tube. Proteins in the blood clump together and become heavier than usual when there is edema and inflammation. As a result, they fall faster and settle at the bottom of the test tube when measured. In general, the faster blood cells drop, the more severe the inflammation. C-Reactive Protein (CRP) testing is used to diagnose inflammation in the body. This test may be repeated to evaluate the child's medication reaction [4,5].

### CONCLUSION

However, therapy can reduce some of the disorder's symptoms. The doctor will decide on treatment depending on: The age, general health, and medical history of the child, the severity of the ailment, tolerance to various drugs, surgeries, and therapies. If lupus symptoms are minimal, some patients may not need

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medication other than Non-Steroidal Anti-Inflammatory Medicines (NSAIDs) for joint discomfort.

Other treatment options include hydroxychloroquine medicines are used to ease the symptoms. Corticosteroids are used to treat inflammation. The immunosuppressive drug is used to suppress the autoimmune system of the body. Monoclonal antibodies, such as belimumab and rituximab are prescribed to certain individuals based on disease activity and blood test reports. Patients respond differently to various therapies, which are hand-picked by their doctor. Immunizations with live viruses, such as chickenpox, MMR (Measles, Mumps, Rubella), and oral polio vaccinations, should be avoided in children with lupus. All immunizations should be discussed with the doctor before giving it to them.

## REFERENCES

1. Carrion-Barbera I, Salman-Monte TC, Vilchez-Oya F, Monfort J. Neuropsychiatric involvement in systemic lupus erythematosus: A review. *Autoimmun Rev.* 2021;20(4):102780.
2. Bortoluzzi A, Scire CA, Govoni M. Attribution of neuropsychiatric manifestations to systemic lupus erythematosus. *Front Med.* 2018;5:68.
3. Gelb S, Stock AD, Anzi S, Putterman C, Ben-Zvi A. Mechanisms of neuropsychiatric lupus: The relative roles of the blood-cerebrospinal fluid barrier versus blood-brain barrier. *J Autoimmun.* 2018;91:34-44.
4. Unterman A, Nolte JE, Boaz M, Abady M, Shoenfeld Y, Zandman-Goddard G. Neuropsychiatric syndromes in systemic lupus erythematosus: a meta-analysis. *Semin Arthritis Rheum* 2011;41:1-11.
5. Govoni M, Bortoluzzi A, Padovan M, Silvagni E, Borrelli M, Donelli F, et al. The diagnosis and clinical management of the neuropsychiatric manifestations of lupus. *J Autoimmun.* 2016;74:41-72.