

Systemic Lupus Erythematosus: Clinical Manifestations and Current Modalities

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DESCRIPTION

Systemic Lupus Erythematosus (SLE) symptoms vary greatly from person to person, which makes the disease difficult to diagnose in its early stages. One of the most common and persistent symptoms is fatigue. This is not ordinary tiredness but a deep, ongoing exhaustion that does not improve even with rest. It can significantly affect daily functioning, productivity, and mental well-being. Fatigue often appears early in the disease and may worsen during flare-ups.

Joint pain and stiffness are also hallmark symptoms of lupus. The disease commonly affects small joints such as those in the hands, wrists, and knees. Patients may experience pain that shifts from one joint to another, along with morning stiffness that improves as the day progresses. While lupus-related joint pain can be severe, it usually does not cause the same level of permanent joint damage seen in other forms of arthritis, especially in the early stages.

Fever without a clear cause is a frequent symptom and is often related to internal inflammation. These fevers are typically low-grade but may recur over time. Because fever is commonly associated with infections, lupus-related fever is often overlooked in the early stages of the disease.

Hair loss is also common in SLE. It may occur gradually as thinning across the scalp or in more noticeable patches. Inflammation of the skin and hair follicles contributes to this symptom. In some cases, hair becomes brittle and breaks easily rather than falling out completely.

Lupus can also affect internal organs. Kidney involvement, known as lupus nephritis, is one of the most serious complications. Symptoms may include swelling in the legs, ankles, or around the eyes, foamy urine, and high blood pressure. In some cases, kidney damage may develop silently without obvious symptoms, making regular testing essential.

The heart and lungs may also be affected. Inflammation of the lining around the heart (pericarditis) or lungs (pleuritis) can cause chest pain and shortness of breath. The pain may worsen with deep breathing or lying down. These symptoms require

prompt medical attention because they indicate internal organ involvement.

Neurological symptoms are another important aspect of SLE. Patients may experience headaches, difficulty concentrating, memory problems, mood changes, anxiety, or depression. In more severe cases, seizures or cognitive dysfunction may occur. These symptoms can significantly impact quality of life and often require a combination of medical and psychological support.

Because SLE symptoms overlap with many other conditions, diagnosis is complex. Doctors rely on a combination of clinical evaluation, medical history, and laboratory tests. Blood tests often detect Antinuclear Antibodies (ANA), which are commonly present in lupus patients. Additional tests assess inflammation levels, blood counts, kidney function, and the presence of specific autoantibodies. Diagnosis is usually made based on a pattern of symptoms and test results over time rather than a single test.

Treatment for SLE aims to control symptoms, reduce inflammation, prevent flare-ups, and protect organs from damage. There is currently no cure, but modern therapies allow many patients to live active and stable lives.

One of the most widely used medications is hydroxychloroquine, which helps reduce joint pain, skin symptoms, and disease activity. It is often recommended for long-term use in most lupus patients because it helps prevent flare-ups and may reduce long-term complications.

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) are used to relieve pain and inflammation, especially in joints and muscles. They are typically used for mild symptoms but must be taken carefully due to potential side effects on the stomach, kidneys, and cardiovascular system.

Corticosteroids such as prednisone are used to quickly control inflammation during flare-ups. These medications are very effective but are usually prescribed at the lowest possible dose for the shortest duration due to side effects such as weight gain, osteoporosis, high blood pressure, and increased infection risk.

For moderate to severe cases, especially when internal organs are involved, immunosuppressive drugs are often necessary.

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Medications such as azathioprine, methotrexate, mycophenolate mofetil, and cyclophosphamide help suppress overactive immune responses. These drugs are essential in preventing organ damage but require regular monitoring.

Biologic therapies have become an important advancement in lupus treatment. Drugs such as belimumab target specific parts of the immune system and are used in patients who do not respond well to standard treatments. These newer therapies offer more targeted approaches with potentially fewer side effects for some patients.

Lifestyle management is equally important in controlling SLE. Sun protection is essential because UV exposure can trigger flare-ups. Patients are advised to use sunscreen, wear protective

clothing, and avoid prolonged sun exposure. Regular rest, balanced nutrition, and stress management also help reduce symptom severity.

CONCLUSION

In conclusion, SLE is a complex autoimmune disease with diverse symptoms ranging from fatigue and joint pain to serious organ involvement. While there is no cure, a combination of medications, lifestyle changes, and regular monitoring allows most patients to manage the condition successfully. Early diagnosis and consistent treatment are key to preventing complications and maintaining a good quality of life.