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Commentary

Systemic Lupus Erythematous (SLE): An Acquired Autoimmune Disease

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DESCRIPTION

Systemic Lupus Erythematous (SLE) is a chronic condition that causes inflammation in connective tissues like cartilage and the lining of blood vessels. These connective tissues provide the body's structures with strength and flexibility. SLE can affect a wide range of organs and systems, including the skin, joints, kidneys, lungs, central nervous system, and blood-forming (hematopoietic) system. The signs and symptoms of SLE vary from person to person. One of many autoimmune disorders, SLE is one that occurs when the immune system attacks the body's own organs and tissues.

Extreme tiredness (fatigue), a vague sense of discomfort or illness (malaise), fever, loss of appetite, and weight loss are all symptoms of SLE. Additionally, the majority of affected individuals experience muscle weakness and joint pain, typically affecting the same joints on both sides of the body. In SLE, skin issues are common. A flat, red rash that runs across the bridge of the nose and the cheeks is one of the symptoms. This rash is called a "butterfly rash" because of its shape. When exposed to sunlight, the rash, which typically does not itch or hurt, frequently appears or becomes more pronounced. Calcinosis, a skin condition characterized by calcium deposits under the skin, vasculitis, a skin condition characterized by damaged blood vessels, and petechiae, tiny red spots, are additional skin conditions that can occur in SLE. A lack of platelets—cells involved in clotting—causes Petechiae, which is bleeding under the skin. In addition, affected individuals may experience open sores (ulcerations) in the moist lining of the mouth, nose, or, less frequently, the genitals as well as hair loss (alopecia).

Nephritis is a form of kidney disease that affects about a third of SLE patients. SLE can also cause problems with the heart, such as pericarditis, an inflammation of the sac-like membrane that surrounds the heart, and problems with the heart valves, which control blood flow in the heart. People with SLE are even more likely than the general population to develop atherosclerosis, a form of heart disease in which fatty deposits builds up in the blood vessels. Peripheral neuropathy is a form of weakness and abnormal sensation in the limbs caused by the inflammation that is characteristic of SLE. Seizures; stroke; and difficulties with information processing, learning, and retention (cognitive impairment). SLE also frequently causes depression and anxiety. Exacerbations and remissions occur when a person with SLE experiences periods of improvement in their condition. In general, SLE gradually gets worse over time, and damage to major body organs can be fatal.

Systemic Lupus Erythematous (SLE) is a multisystem, chronic, relapsing-remitting autoimmune inflammatory disorder that mostly affects pregnant women. The clinical course and long-term damage of SLE, as well as the patients' shorter life expectancy, have received a lot of attention. Studies have also focused on the socioeconomic and psychosocial effects of SLE, but only a small number of studies and a small number of countries have looked at the financial costs of treating SLE patients. SLE is associated with significant productivity loss, high healthcare costs, and a negative impact on quality of life. Long illness duration, high disease activity and damage, poor physical and mental health, and a high level of education and employment are all linked to higher SLE costs. Similarly, poor health-related quality of life outcomes are linked to high disease activity and damage, poor physical health, certain disease manifestations, and inadequate social and family support. SLE has a significant impact on the patient and society as a whole. To better comprehend the factors that are associated with poor outcomes and to monitor the costs and psychosocial effects of this condition, long-term prospective studies should be encouraged.

Systemic Lupus Erythematous (SLE) is an acquired autoimmune disease that affects multiple organs. The clinical presentation is extremely diverse and variable. Since SLE patients have an Odds Ratio (OR) for thrombosis that varies depending on the clinical and laboratory characteristics of each study cohort, it has been demonstrated that SLE itself is an independent risk factor for developing both arterial and venous thrombotic events. In this setting, the risk of having a thrombotic event is higher than in the general population, and it may get even higher when there are other risk factors, inherited or acquired pro-thrombotic abnormalities, or start events. When SLE was associated with

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antiphospholipid antibodies (aPL), a striking increase in the number of thrombotic events was observed. About half of people with SLE and about 20% of people with antiphospholipid syndrome (APS) have been found to have aPLs. In the past few years, more study has been done on APS patients—those with or without an autoimmune disease—than on SLE patients and thrombosis without APS. Even though there is evidence in the literature that SLE patients are more likely than healthy people to experience thrombotic events, it is difficult to know for sure from these studies because, in some cases, the study cohort was too small, in others, the study population had a variety of characteristics, or many different (and extensive) laboratory assays and methods were used. Because it has the potential to end a person's life, the development of a thrombotic event in an SLE patient is of great clinical importance. Additionally, it poses a clinical challenge for the clinician and lowers quality of life.

Fatigue, rashes on the skin, fevers, joint pain or swelling, and other symptoms are common in SLE patients. A period of SLE symptoms known as "flares" may occur from time to time in some adults, sometimes lasting years, and then disappear at other times, a condition known as "remission." However, adult SLE flare-ups may occur more frequently over time for other adults. Sun sensitivity, oral ulcers, arthritis, lung problems, heart problems, kidney problems, seizures, psychosis, and abnormalities in blood cells and the immune system are additional symptoms.

A Human life can be affected in both the short and long term by SLE. SLE's negative effects can be lessened with early diagnosis and effective treatment, increasing the likelihood of improved function and quality of life.