

A Commentary on Systemic Lupus Erythematosus (SLE)

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DESCRIPTION

The disease lupus generally affects the skin, joints, blood cells, kidneys, brain, heart, and lungs. Lupus shows a wide range of symptoms that varies from person to person. Those symptoms may include; butterfly-shaped rash, fevers, red patches on the skin, ulcers in mouth or nose, arthritis in two or more joints, inflammation in the lining of heart or lungs, plus swelling or tenderness, seizures or other nerve problems, low blood cell counts, protein in the urine, etc [1].

The term lupus has been used to identify several immune diseases that have similar symptoms and laboratory features, most common type of lupus is systemic lupus erythematosus. SLE is an autoimmune disease in which the immune system attacks its tissues. It is characterized by antibodies to nuclear and cytoplasmic antigens, multisystem inflammation, protean clinical manifestations, and a relapsing and remitting course. There is no cure for this disease, but medical interventions can help to control the symptoms [2].

The cause of systemic lupus erythematosus is not known. It may be linked to; genetic, environmental, and hormonal. SLE is known to be more common in women than men. Most often it appears in women between the age group of 15 to 44. Some studies shows that, the disease is more common in African Americans, Asian Americans, African Caribbeans, and Hispanic Americans [3].

The diagnosis process is tricky for the disease because lupus symptoms are also symptoms of many other diseases. If doctors can find any typical symptoms of lupus-like; sun sensitivity rashes, such as a malar or butterfly rash, ulcers in the mucous membrane of the mouth or nose, swelling or tenderness of the small joints of the hands, feet, knees, and wrists, hair loss, some irregularity in cardiac or lung function, such as murmurs, rubs, or irregular heartbeats [4].

To confirm the diagnosis test is required but not one single test can diagnose SLE, it requires a series of tests include; blood tests, such as antibody tests and a complete blood count, a

urinalysis, a chest X-ray which can help the doctor to come to an informed diagnosis conclusion.

One of the leading causes of death among people with lupus is kidney failure. The patient may experience headaches, dizziness, behavior changes, vision problems, and even strokes or seizures when the brain got affected by SLE. Memory problems and difficulty in expressing thoughts were also reported in SLE. Systemic lupus erythematosus may cause blood problems including a decrease in the number of healthy red blood cells known as anemia, an increased risk of bleeding or inflammation of the blood vessels. Lupus may cause bleeding in the lungs. Having lupus also increases the risk of; cardiovascular disease and heart attacks, infection, cancer, bone tissue decay, or pregnancy complications [5,6].

Treatment of SLE often requires a team approach because many organs can be affected at the same time. Primarily SLE treatment consists of immunosuppressive drugs that inhibit the activity of the immune system. Hydroxychloroquine and corticosteroids such as prednisone are often used. Belimumab (approved by FDA on March 9, 2011) was the first new drug for systemic lupus erythematosus in the last 50 years.

Systemic lupus erythematosus also may occur with other autoimmune conditions like Sjogren's syndrome, thyroiditis, antiphospholipid syndrome, hemolytic anemia, and idiopathic thrombocytopenic purpura which require additional treatments.

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