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Perspective

Comprehensive Review on Systemic Lupus Erythematosus

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ABOUT THE STUDY

Technically referred to as Systemic Lupus Erythematosus (SLE), lupus is an autoimmune condition in which the immune system of the body unintentionally targets healthy tissue in various sections of the body. The severity of a person's symptoms might range from minor to severe. Joint pain and swelling, fever, chest pain, hair loss, mouth ulcers, enlarged lymph nodes, fatigue, and a red rash, which is most frequently on the face, are all common symptoms. There are frequently symptom-free periods known as remissions between flare-ups of the condition. There is no known cause of SLE. Genetics and environmental factors are thought to play a role. There is a 24% probability that the other identical twin will also be impacted if one is additionally thought to raise the risk are female sex hormones, sunshine, smoking, vitamin D deficiency, and specific diseases. Autoantibodies' immunological reaction against a person's own tissues is the process. Inflammation is brought on by these antibodies, which are typically anti-nuclear. A diagnosis is made based on a mix of symptoms and laboratory investigations, which can be challenging. Numerous more lupus erythematosus types exist, such as discoid lupus, neonatal lupus, and subacute cutaneous lupus erythematosus. Although there is no known treatment for SLE, there are some in development. NSAIDs, corticosteroids, immunosuppressants, hydroxychloroquine, and methotrexate are a few possible treatments. Although corticosteroids work quickly, prolonged use has negative side effects. There is no evidence that complementary medicine can treat the condition. People with SLE have shorter life expectancies. Cardiovascular disease, the leading cause of death, is substantially more likely as a result of SLE. With current medicine, 80% of patients with the condition live for more than 15 years. Pregnancies in lupus-affected women are more risky but typically successful. SLE rates might range from 20 to 70 per 100,000 people depending on the country. Men are afflicted roughly nine times less frequently than women of childbearing age. Although it often starts between the ages. Although it typically starts between the ages of 15 and 45, it can affect people of all ages. African, Caribbean, and Chinese individuals are more vulnerable than white people. It is unknown how common diseases are in underdeveloped nations. Lupus is Latin for "wolf": the disease was so-named in the 13th century as the rash was thought to appear like a wolf's bite.

Prognosis

Today, more than 90% of people survive for over ten years, and many of them do so largely symptom-free.80–90% can anticipate having a typical lifespan. However, mortality rates are higher than they are for those without SLE. Men and children often have worse prognoses than women, although if symptoms start after age 60, the disease tends to progress more subtly. Organ failure or severe infections are the two causes of early mortality, which occurs within 5 years. Both of these conditions can be changed by prompt diagnosis and treatment. The most common cause of death for those with SLE is cardiovascular disease from accelerated atherosclerosis, which increases the mortality risk fivefold when compared to the general population in the late stages. Excessive blood pressure and high cholesterol should be avoided or aggressively managed to lower the risk of cardiovascular problems. When possible, take additional medications that can lessen symptoms in addition to using steroids at the lowest dosage for the shortest time possible.

Epidemiology

SLE incidence varies by nation, race, and sex, and it evolves through time. SLE is estimated to impact between 322,000 to over 1 million people in the United States; with a rate of 53 per 100,000 people (98 to over 305 per 100,000).The rate are roughly 40 per 100,000 inhabitants in Northern Europe. SLE affects people of non-European heritage more frequently and more severely. Afro-Caribbean people have been observed to have a rate as high as 159 per 100,000.Girls are four times more likely than boys to develop childhood-onset systemic lupus erythematosus, which typically manifests between the ages of 3 and 15. Socioeconomic status is important, although gender differences in SLE can also be seen in its start and duration. Women with SLE who are from lower socioeconomic backgrounds have been found to have higher depression scores, higher BMIs, and less access to healthcare than women with the illness from higher socioeconomic backgrounds. If a person with SLE came from a lower socioeconomic background, their self-reported anxiety and sadness scores were higher.

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