

Systemic Lupus Erythematosus and Overlapping “Connective Tissue Diseases”

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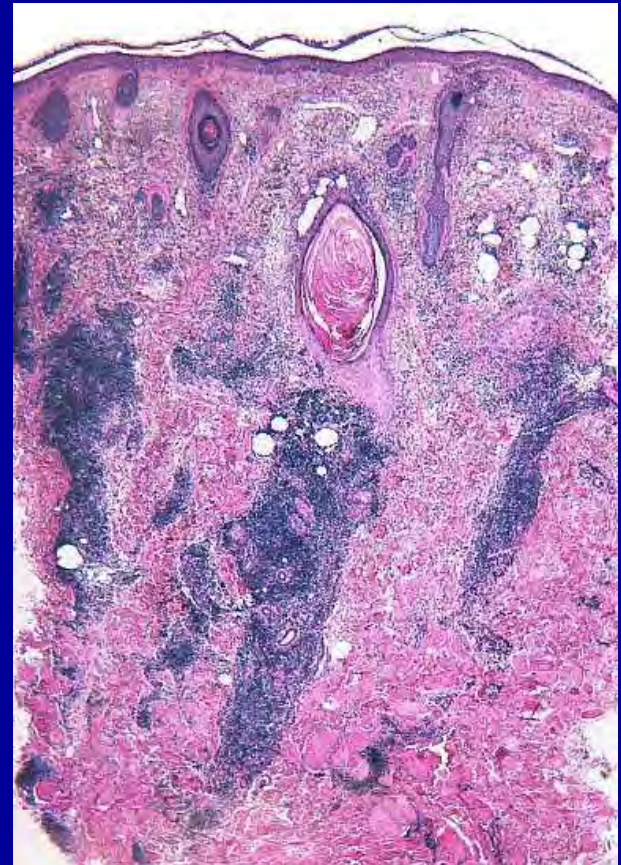
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SLE: A Complex Inflammatory Disease with Autoimmunity

- Named for the wolf in Latin, lupus often involves the skin – and so much more
- 4 skin & membrane issues



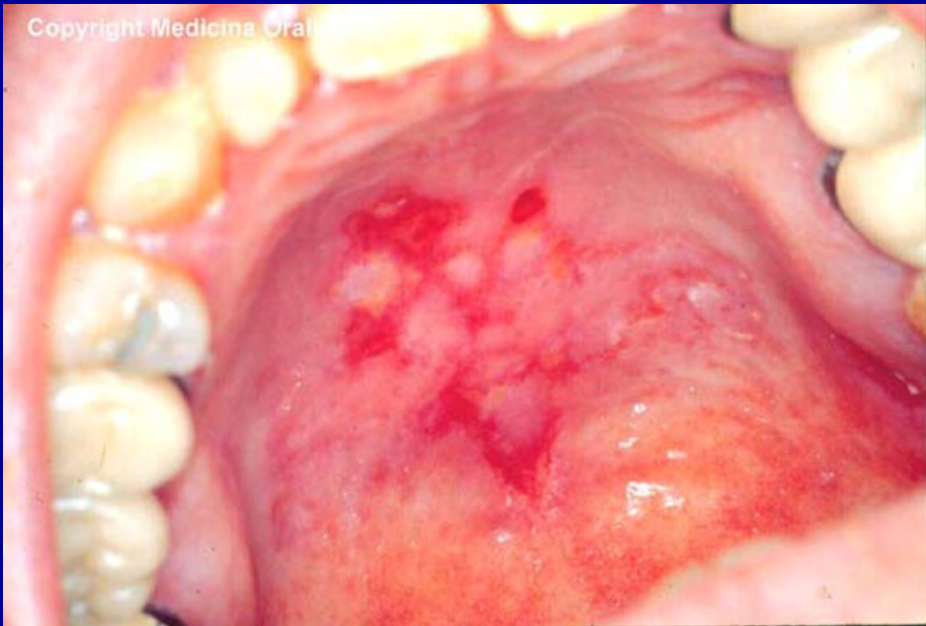
Discoid Rash – deep inflammation



Photosensitivity =
rash triggered by sunlight



Mouth or nose ulcers



Sterile serositis = pleuritis or pericarditis or peritonitis

Inflammation of the membranes covering the lungs, heart and abdominal cavity



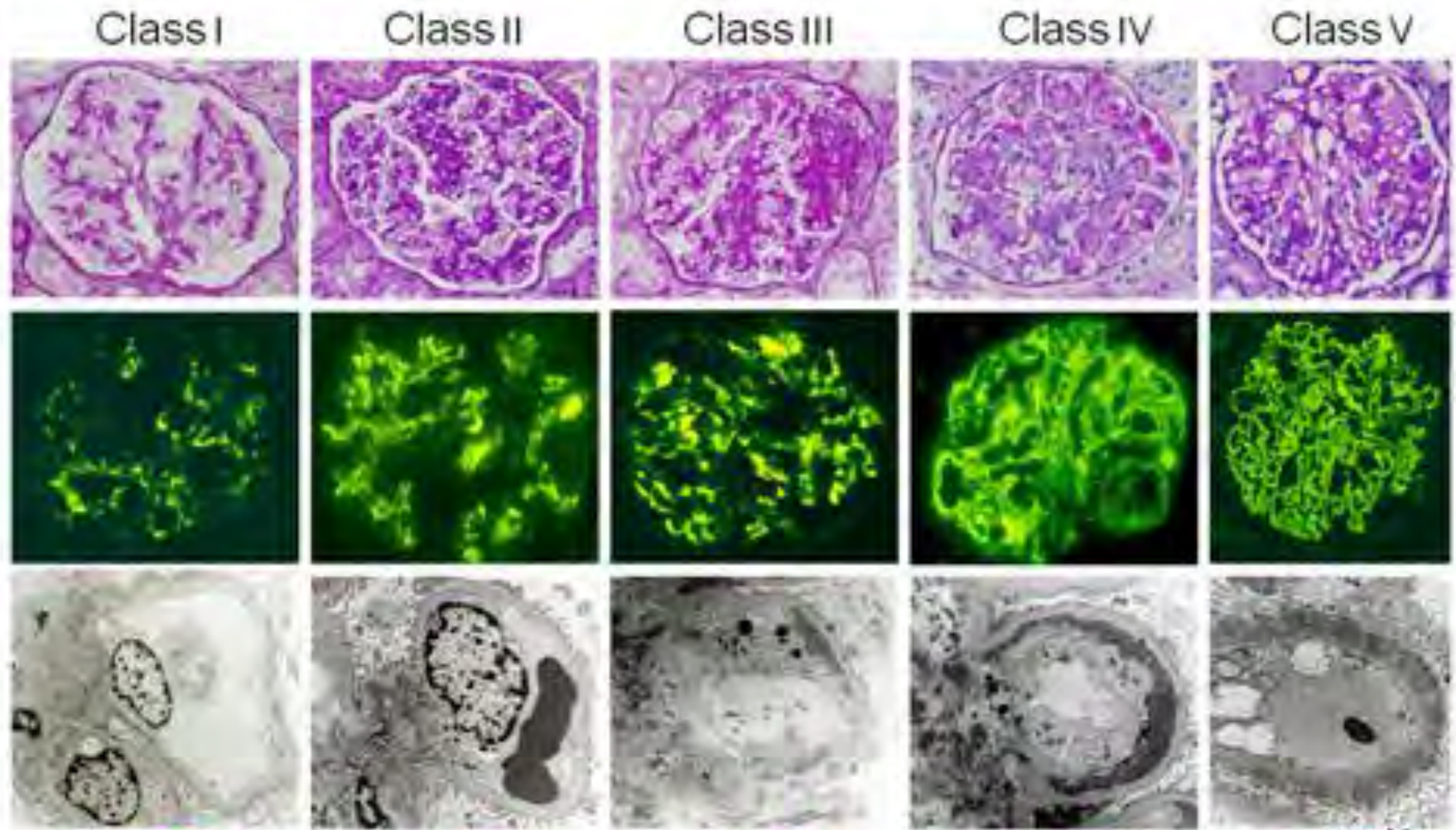
Arthritis, usually with fluid in joints



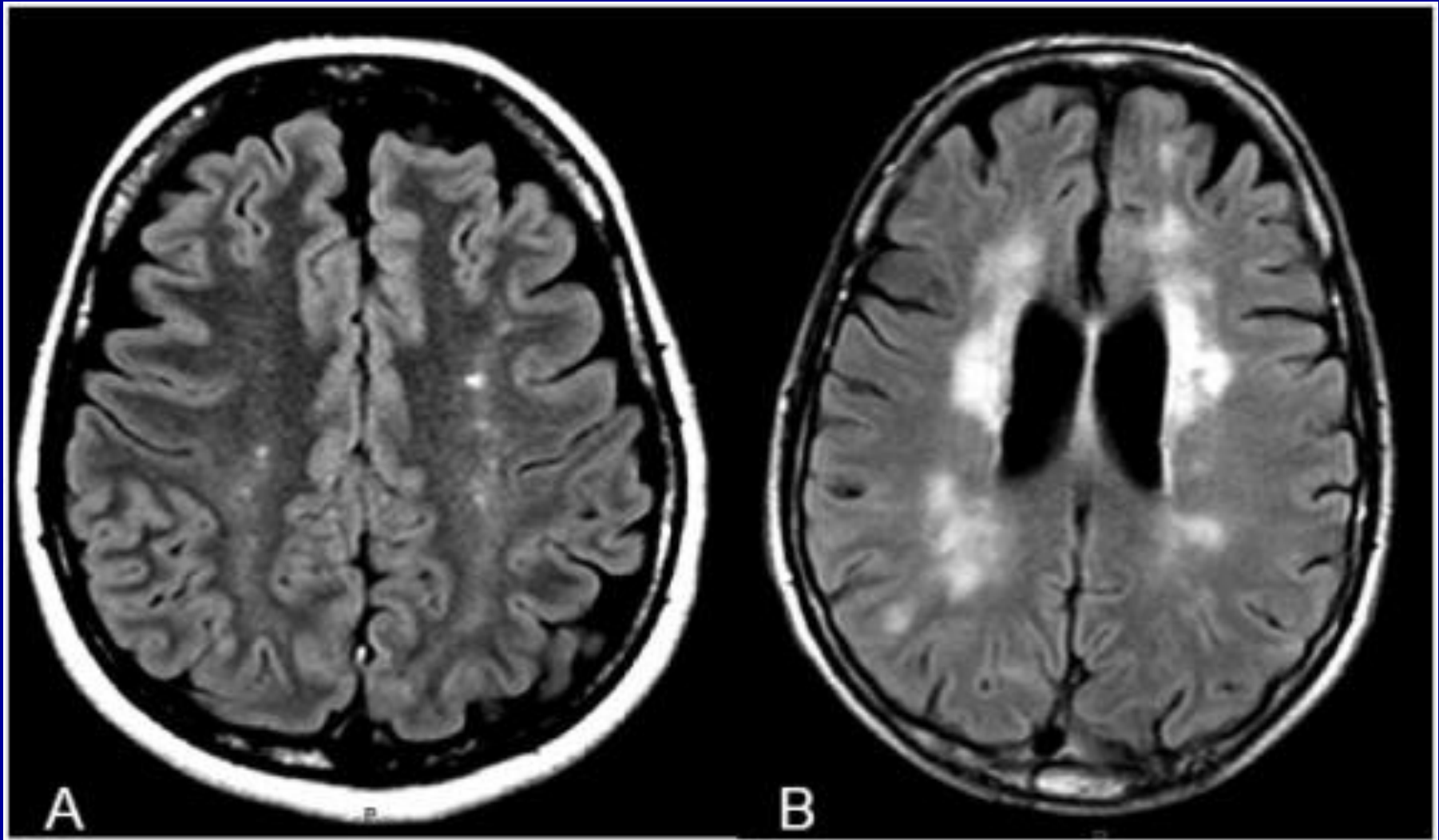
Kidney inflammation (nephritis)

- High blood pressure
- Pitting swelling of the legs or whatever is nearest the ground
- Protein and or red blood cells in the urine
- Poor kidney function – rise in serum creatinine

Lupus Nephritis, why a biopsy?



Lupus Cerebritis (brain inflammation)

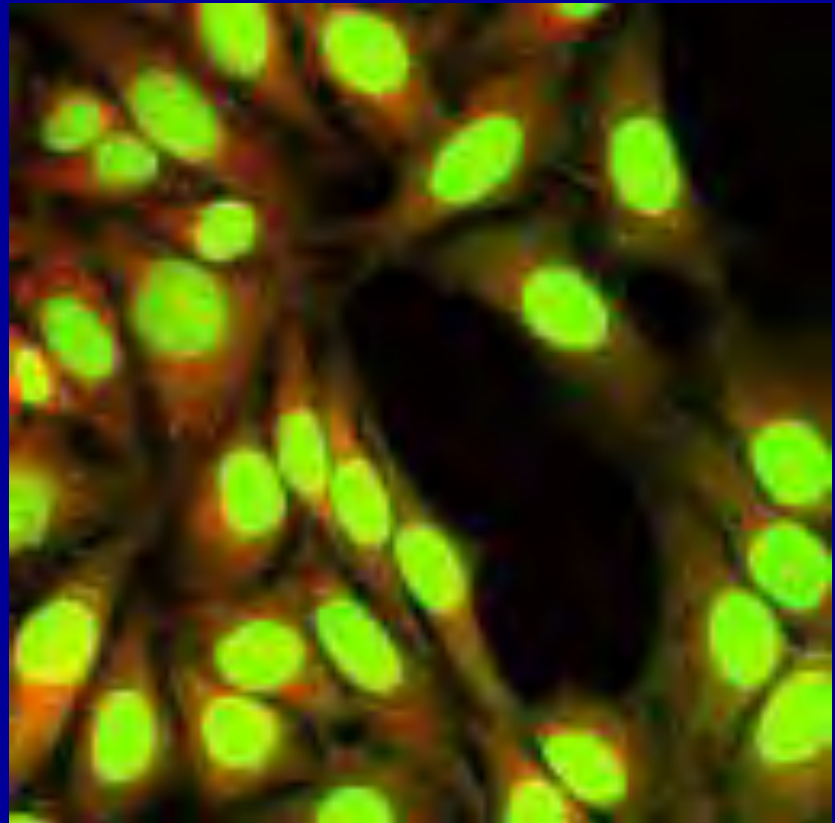


Hematology disorder

- Low white blood cell counts
- Low hemoglobin due to antibodies that react to your own red blood cells
- Low platelet counts because of antibodies that interfere with platelet survival – can lead to bleeding and bruising

Anti-nuclear antibodies (ANA)

- Pretty much must have high ANA to really have lupus
- If ANA is negative consider primary antiphospholipid syndrome or fibromyalgia



Immunologic disorder

- High antibodies to double stranded DNA
- High Sm antibodies
- Lupus anticoagulant
- Other antiphospholipid antibodies
- Low complement proteins from consumption (using up the proteins)

Livedo Reticularis with APL



Tricky diagnosis to make

- ANA tests can be abnormal for many reasons: 25-35% of healthy children have ANA above the normal range, and mononucleosis can cause ANAs
- The most common symptom in SLE is fatigue, and it is the most common symptom in everyone
- There are lots of rashes in lupus, but most rashes sent to rheumatologists are not due to lupus
- Many of the symptoms and findings of lupus are either not common enough or not specific enough to help make a diagnosis

Raynaud Phenomenon



Overlapping Rheumatic Diseases

- Rheumatoid arthritis
- Scleroderma
- Idiopathic inflammatory myositis/myopathies
 - Dermatomyositis
 - Polymyositis
- Sjogren syndrome
 - Dry eyes, mouth, swollen salivary glands, can develop lung disease, some get lymphoma in their 60s and 70s

Scleredema



Raynaud fingertip injury in systemic sclerosis



Dermatomyositis

- Weakness of muscles worse near the trunk
- Rash – shawl distribution
- Muscle enzyme elevations



Treatment

- Individualized by what is going on and how sick the patient is
- **Hydroxychloroquine is an “essential vitamin” in lupus**
- Prednisone for flares that must be suppressed quickly
- Immune suppressants where needed
- **Similar approaches with “overlap syndromes;” it depends on the features**

Beware snake oil...





REAL SPECIALITY OF VIETNAM
SNAKE WINE (ONE UNIT)



**USAGE : RHEUMATISM, LUMBAGO,
SWEAT OF LIMBS**

**DOSAGE : TWICE A DAY EACH A SMALL
CUP BEFORE MEAL**

