

CHAPTER 6

CUTANEOUS LUPUS ERYTHEMATOSUS (M32.9)

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REMEMBER

- ▶ Lupus erythematosus (LE) is a multisystem autoimmune connective tissue disease that also affects the skin.
- ▶ Skin lesions may occur solely (cutaneous lupus erythematosus (CLE)) or develop within the course of systemic disease (systemic lupus erythematosus (SLE)).
- ▶ The strongest factor influencing the risk of lupus is the gender. The number of women with systemic lupus erythematosus (SLE) is much higher compared to men. Since SLE occurs most often in women during their childbearing years, hormonal factors are likely to trigger the disease. The prevalence of SLE in African-American women is four times higher than in Caucasian-American women.
- ▶ Neonatal lupus erythematosus: Neonatal lupus erythematosus is an autoimmune disease acquired in fetal life due to the transplacental transmission of maternal antibodies such as antinuclear autoantibodies (ANA), anti-U1 ribonucleoprotein (anti-U1-RNP), anti-Sjögren's syndrome-associated antigen A (anti-SSA/Ro), or anti-Sjögren's syndrome-associated antigen B (anti-SSB/La). Skin lesions, cytopenia, hepatobiliary involvement, and congenital heart block may occur. Prognosis may be poor in cases with cardiac involvement.
- ▶ Between 5% and 25% of patients with cutaneous lupus erythematosus (CLE) may progress to systemic lupus erythematosus (SLE) during the course of the disease.

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tion. Thus, cardiac examination is important and patients should be followed up by a cardiologist.

Gastroenterology

- ▶ Abdominal pain is a common complaint in SLE patients. It may be related to pancreatitis, and mesenteric vasculitis. Care should be taken in this respect.
- ▶ Protein-losing enteropathy, intestinal pseudo-obstruction, inflammatory bowel diseases, eosinophilic enteritis, and celiac disease can also occur in SLE patients.
- ▶ Hepatosplenomegaly may develop in approximately one third patients. An increase in liver enzymes may be detected in active disease and/or due to drugs. Patients should be evaluated by a gastroenterologist.

Pulmonary Medicine

- ▶ SLE may involve the lung parenchyma, airway, vascular structures, pleura, and/or respiratory muscles.
- ▶ The most common pulmonary finding in SLE is pleuritis. Pleural effusion is observed in almost half of the patients.
- ▶ Patients are also at risk for pneumonia, pulmonary hemorrhage, embolism and hypertension. For these reasons, patients should be evaluated by a pulmonologist.

Psychiatry

- ▶ Psychiatric comorbidities are common in SLE. Psychosis, mood disorders, depression, and anxiety can be observed in patients. Psychiatric examination and follow-ups are necessary.

Medical Oncology

- ▶ The risk of malignancy may be increased in patients with systemic lupus erythematosus. Brain, thyroid, stomach, lung, cervix, and bladder carcinomas are observed more frequently in individuals with SLE compared to the normal population. Therefore, in case of doubt, evaluation by an oncologist is required.

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KUTANÖZ LUPUS ERİTEMATOZUS (M32.9)

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HATIRLA

- ▶ Lupus eritematozus (LE) deriyi te etkileyen multisistemik otoimmün bağ doku hastalığıdır.
- ▶ Deri lezyonları tek başına (kutanöz lupus eritematozus (KLE)) ya da sistemik hastalık (sistemik lupus eritematozus (SLE)) ile beraber olabilir.
- ▶ Lupus riskini etkileyen en güçlü faktör cinsiyettir. Sistemik lupus eritematozuslu (SLE) kadınların sayısı erkeklere oranla çok fazladır. SLE, kadınlarda en sık doğurganlık yaşlarında meydana geldiğinden, hormonal faktörlerin hastalığı tetikleme muhtemeldir. Afro-Amerikan kadınlarda SLE prevalansı, Kafkas kökenli Amerikalı kadınlara göre dört kat daha fazladır.
- ▶ Neonatal lupus eritematozus: Maternal antinükleer otoantikolar (ANA), anti-U1 ribonükleoprotein (anti-U1-RNP), anti-Sjögren sendromu ile ilişkili antijen A (anti-SSA/Ro) veya anti-Sjögren sendromu ile ilişkili antijen B'nin (anti-SSB/La) transplasental geçişi sonucu fetal yaşam sırasında edinilen otoimmün bir hastalıktır. Deri lezyonları, sitopeniler, hepatobilyer tutulum ve konjenital kalp bloğu, izlenebilir. Kardiyak tutulumda prognoz kötü olabilir.
- ▶ Kutanöz lupus eritematozuslu (KLE) hastaların %5 ila %25'i hastalığın seyri sırasında sistemik lupus eritematozusa (SLE) ilerleyebilir.

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veya ilaçlara bağlı olarak karaciğer enzimlerinde artış saptanabilir. Hastaların gastroenteroloji uzmanı tarafından değerlendirilmesi uygun olacaktır.

Göğüs Hastalıkları

- SLE akciğer parankimini, hava yolunu, vas-küler yapıları, plevrayı ve/veya solunum kaslarını tutabilir.
- SLE’de en yaygın pulmoner bulgu plevrittir. Plevral efüzyon, hastaların hemen hemen yarısında görülür.
- Hastalar ayrıca pnömoni, pulmoner kanama, emboli ve hipertansiyon riski altındadır. Bu nedenlerden dolayı hastalar göğüs hastalıkları uzmanınca değerlendirilmelidir.

Psikiyatri

- SLE’de psikiyatrik komorbiditeler yaygındır. Hastalarda psikoz, duygudurum bozuklukları, depresyon ve anksiyeteyi izlenebilir. Psikiyatrik muayene ve takipler önemlidir.

Medikal Onkoloji

- Malignite riski sistemik lupus eritematozuslu hastalarda artmış olabilir. Beyin, tiroid, mide akciğer, serviks ve mesane kansinoları normal popülasyona oranla SLE’li bireyler daha sık izlenir. Bu nedenle, şüphe halinde, onkoloji uzmanı tarafından değerlendirme gereklidir.

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