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SLE-Hematological manifestations at presentation and the role of diet as an etiological factor

Bindiya M, P K Sasidharan and K G Sajeethkumar
IQRAA & PVS Hospitals, India

Background: Many cases of Systemic lupus erythematosus(SLE) present with hematological manifestations alone, without features of musculoskeletal, skin or other system involvement. The diagnosis may be delayed or initially missed in these cases if the index of suspicion is low or if there is improper and inadequate follow up. Studies focusing on the hematological manifestations of the disease are few.

Aims: To estimate the proportion of patients presenting with hematological problems as the initial manifestation and to study the nature of these hematological abnormalities at the presentation of SLE.

Methods: The hematological manifestations at presentation were studied by an observational study design in which the initial manifestations of diagnosed SLE cases were collected and analysed. All patients included in the study satisfied either the American College of Rheumatology criteria for the definition of systemic lupus erythematosus or the new criteria evolved by us for the purpose of the study. The new criteria was to include those patients who do not satisfy the ACR criteria at the time of inclusion but on follow up are likely to develop them.

Results: One hundred and eight patients satisfied the inclusion criteria and were included in the study. Out of which 53 patients were newly diagnosed and the rest, 55 were previously diagnosed cases under follow up during the study period. Hematological manifestations were found to be the most common (51%) manifestation of the disease. The most common hematologic manifestation at presentation was immune thrombocytopenia followed by autoimmune hemolytic anemia and anti-phospholipid syndrome. 11% of the cases, though clinically consistent with SLE were initially ANA negative and did not satisfy the ACR criteria at presentation, but did soon follow up after varied latent periods. The most prevalent hematological abnormality during the entire course of the disease was anemia which was multifactorial, with hemolytic anemia being the single most common cause. One of the common coexisting abnormalities in hematologically presented cases was autoimmune hypothyroidism, which was not included in the ACR criteria. No significant association of arthritis with hematological manifestations was found.

Conclusions: Hematological manifestations are the most common presenting manifestation of SLE in people of North Kerala. A significant number of patients do not satisfy the ACR criteria at the time of diagnosis but do so on follow up. ACR criteria need revision to include these observations.

Biography

Bindiya M is now working as Consultant junior physician at IQRAA & PVS hospitals, Calicut, India. She has done Voluntary work at North Texas Indian Physicians charitable foundation, Irving, TX. She has also worked as Provisional Lecturer in department of IMat Government medical college, Kozhikode, India and before that she was Senior Residency at Government medical college, Kozhikode, India. She has done rural service under National Rural Health Mission Community health center and published many research articles in her career.

beindia09@gmail.com