GLOBAL JOURNAL OF BIOLOGY, AGRICULTURE & HEALTH SCIENCES (Published By: Global Institute for Research & Education)

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## Systemic Lupus Erythematosus (SLE) is not an uncommon disease

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SZ, a 17 year old female student was admitted to Kothari Medical Centre on 28 March, 2015. She came in a precarious condition with high fever (104 degree F) for 25 days, cough for 20 days, and chest pain for 15 days, abdominal pain and swelling for 5 days and multiple joint pains for the last 25 days. Both the big and small joints were involved and were asymmetrical. She gave past history (2009) of Pulmonary Tuberculosis and received complete treatment. He also suffered from Dengue Fever 2 years back.

This episode started with sudden onset of fever with bradycardia and was treated outside without improvement and got admitted to Kothari Hospital Centre. Her pulse rate was 90/min, respiration rate 16/min, oral temperature 103<sup>0</sup>F, and anaemia; abdominal, respiratory and central nervous system examinations demonstrated presence of mild pleural effusion (left side), and USG showed hepato-splenomegaly, mild pleural effusion and ascites.

Investigations revealed that SGOT and GGT levels were elevated; Hb% 8.6, MP (– )ve, TC 7100( N 88%), ANA (+) ve, ANA profile – DsDNA, neucleosomes, SSA-antigen (+)ve, Blood culture (–)VE, Widal test (–)ve, MT (–)ve, urea, creatinine levels were normal, Dengue IgG, IgM, NS1 negative, sputum culture (–)ve, urine normal, serum albumin 2.4 g/dl, AFB sputum (–)VE, blood anaerobic culture did not show any growth. A diagnosis of SLE (Systemic Lupus Erythematosus) was made. Reasons were fever, joint pain, ANA (+) ve, DsDNA (++), pleural effusion, ascites, rash in the face, kidney involvement, LE cell (+) ve, Rh factor and ESR 80. The patient was put on oral prednisolone.

The Lupus Foundation of America states that at least 1.5 million Americans are living with diagnosed lupus. However, the number of people who actually suffer from the condition is likely to be much higher as many cases go undiagnosed. The function of the immune system is to ward off infections to keep the body healthy. An autoimmune disease occurs when the immune system of the body cannot recognize its own antigenic components and thinks it is foreign. There are several well-known autoimmune diseases; systemic lupus Erythematosus (SLE)<sup>1-3</sup> is the most common and well characterized. SLE is also called as discoid lupus or disseminated lupus erythrematosus. SLE is a chronic disease that can have phases of worsening symptoms that alternate with periods of mild symptoms. Luckily, most people with SLE lead a normal life. Although the exact cause of SLE is unclear, a number of factors like genetic, environmental, and gender and hormones are implicated.

The usual symptoms SLE are: severe fatigue, painful or swollen joints, headaches, rash on cheeks and nose called "butterfly" rash, hair loss, anaemia, blood-clotting problems and Reynaud's phenomenon. Symptoms relating to the gastrointestinal system, heart and the skin may also be involved. A strong suspicion will help diagnose many more cases<sup>4-5</sup>.

SLE cannot be cured. The aim of treatment<sup>6-7</sup> is to ameleroid the symptoms of lupus. Treatment varies depending upon the severity of symptoms are and which parts of your body are affected, treatment can vary. Treatments includes: anti-inflammatory medications for joint pain and stiffness, steroid creams for rashes, corticosteroids of varying doses to minimize the immune response and antimalarial drugs for skin and joint problems. Doctor will suggest about and life-style. Unfortunately, over time, SLE can damage or cause complications in systems throughout your body. Possible complications may include blood clots, inflammation of the heart, stroke, and lung damage. SLE can have serious adverse effects on pregnancy. Counselling may help the patient to cope up with their disease.

## Key words: Systemic Lupus Erythematosus, SLE, ANA, Joint pain

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