DERMPATH DIAGNOSTICS®
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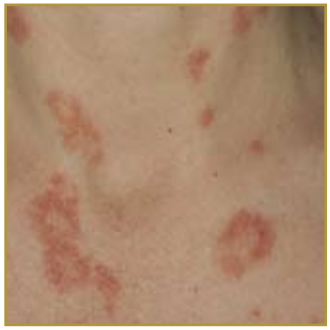
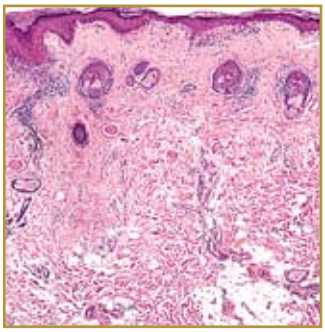
Systemic Lupus Erythematosus





EPIDEMIOLOGY: 14.6-50.8 cases per 100,000. 90% of cases are seen in females
ETIOLOGY: A combination of genetic, environmental, and possibly hormonal factors working together
PATHOGENESIS: The body attacking cells produces autoantibodies
CLINICAL: Many clinical features present themselves; some include fever, fatigue, weight loss, rashes, and loss of hair.
HISTOLOGY: Hydropic degeneration of the basal cell layer in association with edema of upper dermis and extravasations of erythrocytes

Systemic Lupus Erythematosus is an autoimmune disease in which autoantibodies are produced by the body that attack cells and various organs causing dysfunction and damage. Autoantibodies are antibodies that are produced by the immune system and are directed against one or more of the individual's own proteins. The cause is not understood, but is thought to have a genetic predisposition combined with environmental triggers. Symptoms may include arthritis type joint pain, fatigue, fever, rashes, weight loss, muscular weakness and anemia. Many people with lupus are sensitive to sunlight (photosensitivity) which will cause patients to develop rashes or worsen the rashes that they currently have. Conditions vary from patient to patient which may flare unexpectedly alternating with remissions. The American College of Rheumatology has designed 11 criteria for classification of this disease. A person must present four or more of these to be classified as having lupus. The criteria includes Malar Rash, Discoid Rash, Photosensitivity, Oral Ulcers, Arthritis, Serositis, Kidney disease, Neurological disorder, Blood disorder, Immunologic disorder and Positive antinuclear antibody. Common medications used to treat mild or moderate symptoms include Nonsteroidal anti-inflammatory drugs, Antimalarial drugs and Corticosteroids. Medications used for more aggressive lupus include High-dose corticosteroids and Immunosuppressive drugs.

BIBLIOGRAPHY

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