

- Heart and Lungs:** Inflammation in the lining of the heart and lungs resulting in chest pain, fever and difficulty breathing.
- Kidneys:** Inflammation of the kidneys (lupus nephritis), potential diminished kidney function.
- Joints:** Pain, swelling and stiffness, specifically in the hands, wrists and knees, resembling that of rheumatoid arthritis.

HOW IS LUPUS DIAGNOSED?

A diagnosis of lupus is based on a medical history, physical examination and selected laboratory tests.

Several medical tests, including the following, may help confirm a diagnosis and evaluate the extent and severity of the disease:

- Blood tests to measure for antinuclear antibodies (ANA), a type of autoantibody common in people with lupus (also found in 10 to 15 percent of healthy young women), or to detect anaemia or thrombocytopenia, a condition that may cause bruising.
- Urinalysis to check for proteins or red blood cells, which may indicate kidney inflammation.
- Chest X-ray or ultrasound to detect heart or lung lining involvement.

HOW IS LUPUS TREATED?

Although there is no cure for lupus, proper medical treatment can help most people with the disease live long, active lives. Some of the most common treatments include:

- Prescription and over the counter nonsteroidal anti-inflammatory drugs (NSAIDs) can help control joint pain and inflammation, reduce fever and help treat inflammation of the lung and heart linings
- Glucocorticoids such as prednisone effectively reduce inflammation in the joints, kidneys and other organs.
- Antimalarial drugs, such as hydroxychloroquine sulfate (Plaquenil), can be useful against joint pain and inflammation, skin lesions, mouth ulcers, sun sensitivity and lung inflammation.
- Immunosuppressive drugs, such as azathioprine (Imuran), mycophenolate mofetil (CelCept), and cyclophosphamide (Cytoxan), are often prescribed along with glucocorticoids in more severe cases of lupus, such as lupus nephritis (inflammation of the kidneys). These drugs suppress the immune system, which is overactive in people with lupus.

NAIROBI ARTHRITIS CLINIC

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SYSTEMIC LUPUS ERYTHEMATOUS

Lupus attacks the body slowly and strategically disguising itself as other conditions while targeting virtually every major organ. The defense comes in knowing its method of operations.

Systemic lupus erythematosus (SLE), or lupus, develops slowly over time, with physical signs eventually fitting together like pieces of a puzzle. It usually begins gradually - often with fatigue and low grade fever, both of which could be indicative of a hundred different illnesses. Other symptoms typically follow - weight loss or hair loss, perhaps joint pain and rash across the face. As it progresses, the disease can affect numerous organs. Lupus is a form of arthritis that affects nine times as many women as men. It occurs when the immune system attacks its own healthy tissue.

WHO GETS LUPUS?

The biggest risk factor for having lupus is being female. Other factors include:

- Racial or ethnic background - lupus is most common among Blacks, Native Americans, Chinese, Hispanics and Filipinos.
- Age - Lupus typically occurs during a woman's child bearing years.

HOW DOES LUPUS PRESENT?

- Nervous system:** Headaches, Psychosis, Seizures, Depression, Stroke or other neurological problems.
- Mouth:** Sores on the tongue and inside the mouth; 15% of people with lupus also have Sjogrens's syndrome - characterized by eyes and mouth.
- Extermities:** Sensitivity to cold in the fingers; Raynauds phenomenon.
- Blood:** Anaemia and blood clotting abnormalities, low white blood cells and platelet count.
- Skin and hair:** A butterfly shaped rash across the cheeks and the bridge of the nose; high sensitivity to ultraviolet light, rash - perhaps even increased disease activity - upon even minimal sun exposure; hair loss.