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SYSTEMIC LUPUS ERYTHEMATOSUS IN THE OUTPATIENT DEPARTMENT

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Systemic lupus erythematosus (SLE) is a complex multisystem autoimmune inflammatory connective tissue disease that poses significant challenges in the outpatient setting. Early detection of SLE is critical for timely and effective treatment of patients, since the disease can affect many organ systems; for example, kidney damage is seen in 100 percent of cases of childhood SLE and can lead to serious complications such as central nervous system and heart problems if not treated. Understanding the epidemiological distribution of SLE and recognizing differential diagnoses that may mask or mimic the disease are essential to ensure accurate diagnosis and treatment. Epidemiological studies have provided important information about the prevalence of SLE, highlighting its impact on specific population groups. SLE primarily affects women of childbearing age, with higher prevalence observed in certain ethnic groups, including African Americans, Hispanics, and Asians. The ratio of men to women is 1:9. The prevalence of SLE varies by geographic location, with higher rates observed in regions closer to the equator. In addition, genetic factors play a significant role in people's susceptibility to SLE: variations in the TREX gene present on chromosome 3 or HLA DR B1 03 are associated with an increased risk of developing the disease. The exact cause of SLE remains unclear, but a combination of genetic, hormonal, environmental and immunological factors is thought to be involved in its pathogenesis. Hormonal influences, especially estrogens, are involved in the development and exacerbation of SLE symptoms. Environmental factors such as exposure to ultraviolet light, infections such as Epstein-Barr virus, and certain medications such as Oral contraceptive pills and Hormone replacement therapy may also play a role in triggering or exacerbating SLE in susceptible individuals.

One of the key challenges in diagnosing SLE is its nonspecific clinical presentation, which may overlap with other conditions, leading to diagnostic delays or misdiagnosis. Some differential diagnoses may mask or mimic SLE, complicating the diagnostic process. Rheumatoid arthritis, another autoimmune disease, shares some clinical features with SLE, such as joint pain and inflammation. Fibromyalgia, a chronic pain condition, can also present with symptoms similar to those of SLE, including fatigue and musculoskeletal pain. Neurological conditions such as multiple sclerosis may present with symptoms that coincide with central nervous system involvement in SLE. In addition, various infectious diseases can mimic the symptoms of SLE, further complicating diagnosis. Health care providers must be vigilant in differentiating SLE from these potentially disease-mimicking conditions through a comprehensive evaluation that includes a detailed history, physical examination, laboratory tests, and imaging studies. Identification of specific clinical features and laboratory findings characteristic of SLE, such as biomarkers such as increased ESR, suppressed CRP, decreased levels of complement C3 and C4, some more specific markers such as antinuclear antibodies with a titer of more than 1:80, Anti-double-stranded DNA antibodies and complement levels can help confirm the diagnosis and differentiate it from other conditions.

SLE poses a significant health problem due to its chronic nature, unpredictable course, and potential for severe complications. If not detected and treated early, SLE can progress to cause serious organ damage and life-threatening conditions. Complications of untreated or inadequately managed SLE include lupus nephritis, a severe inflammation of the kidneys that can lead to kidney failure if not treated promptly. Cardiovascular manifestations of SLE, such as accelerated atherosclerosis and increased risk of heart attacks and strokes, pose significant risks to patients. Neurological complications such as seizures, cognitive dysfunction and mood disorders may also occur in people with central nervous system damage due to SLE. Early detection and aggressive treatment are critical to treating SLE and preventing long-term damage. Delayed diagnosis of SLE can lead to disease progression and worsening symptoms, leading to irreversible organ damage and decreased quality of life for patients.