Drug history and SLE laboratory findings among Iraqi patients: a hospitalbased study

Background

Systemic lupus erythematosus (SLE) is a recurrent and remitting autoimmune disease that affects many organ systems. It is more common in women of reproductive age, with a 9:1 female preponderance. The interaction of genes with environmental variables causes many immunologic changes, culminating in chronic immune reactions to autologous nucleic acids.

Methodology

It is a cross-sectional study in Baghdad Medical Complex in Iraq. All SLE patients who attended outpatient clinic between September and December 2022 were included. The patients included those who came for follow-up, deterioration of their symptoms, or first-time diagnosis.

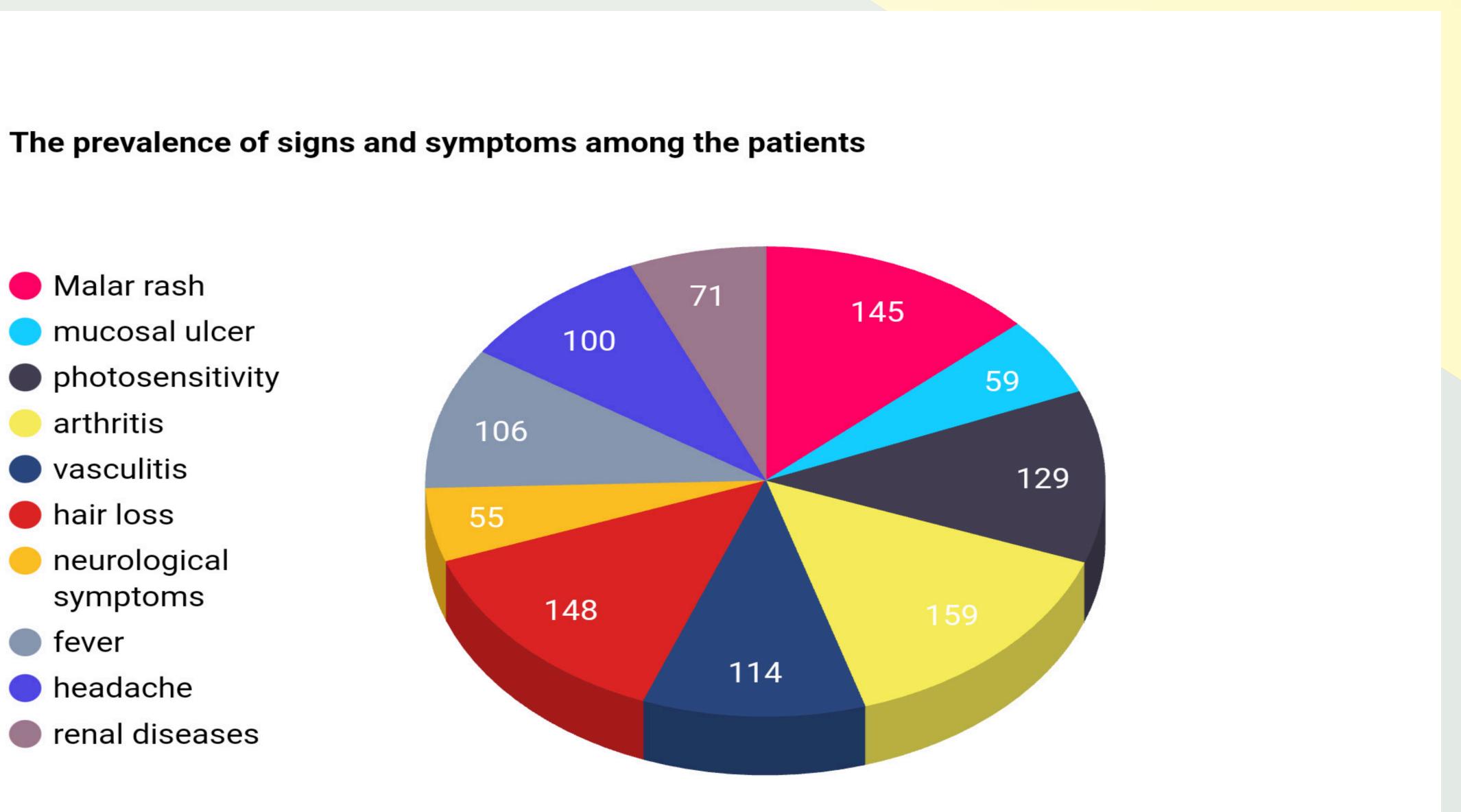
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Results

SLE is much more prevalent among female patients. The ratio of female and male patients in our study was 19 to 1 which is higher than the literature. Other studies have reported male – female ratios ranging from 1-4 till 1 to 15. This disease is much more common in reproductive age and our patients mean age is 34 years old even though the rage was quite wide from 15 to 85 years. SLE comes along with many clinical findings. Patients with SLE are characterized by rashes in their bodies especially in their faces.

Conclusions

In our data molar rashes were much more common than discoid rashes, and these findings align with international findings. Other clinical finings that were very common with a prevalence of more than 60% of the patients were mucosal ulcers, photosensitivity, arthritis, and hematological disorders. Our findings were in consistence with other international studies.



Reference

1. Ameer MA, Chaudhry H, Mushtaq J, et al (2022) **An Overview of Systemic Lupus Erythematosus** (SLE) Pathogenesis, Classification, and Management. Cureus 14:.

https://doi.org/10.7759/CUREUS.30330

2. Fanouriakis A, Tziolos N, Bertsias G, Boumpas DT (2021) Update on the diagnosis and management of systemic lupus erythematosus. Ann Rheum Dis 80:14-25. https://doi.org/10.1136/ANNRHEUMDIS-2020-218272

3. Smeenk RJT, van den Brink HG, Brinkman K, et al (1991) Anti-dsDNA: choice of assay in relation to clinical value. Rheumatol Int 11:101–107. https://doi.org/10.1007/BF00304496

4. Elbirt D, Sthoeger D, Asher I, Sthoeger ZM (2010) The management of systemic lupus erythematosus: Facts and controversies. Clin Dermatol 28:330–336. https://doi.org/10.1016/J.CLINDERMATOL.2009.06. 017

5. Orme ME, Voreck A, Aksouh R, et al (2021) Systematic review of anti-dsDNA testing for systemic lupus erythematosus: A meta-analysis of the diagnostic test specificity of an anti-dsDNA fluorescence enzyme immunoassay. Autoimmun **Rev 20:.**

https://doi.org/10.1016/J.AUTREV.2021.102943 6. Admou B, Eddehbi F ezzohra, Elmoumou L, et al (2022) Anti-double stranded DNA antibodies: A rational diagnostic approach in limited-resource settings. Pract Lab Med 31:.

https://doi.org/10.1016/J.PLABM.2022.E00285