



OPTIMUM

Life Reinsurance

“ The strength of expertise ”



Learning Series - #10

Making sense of medical terminology - LUPUS



SLE

SLE is the most common type of lupus. SLE is an autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and damage in multiple organs, most notably the joints, skin, brain, lungs, kidneys, and blood vessels.

CUTANEOUS

This form of lupus is limited to the skin and comprised of 3 main types:
1- Acute cutaneous lupus (“acute skin lupus”)
2- Subacute cutaneous lupus (“subacute lupus”)
3- Chronic cutaneous lupus (“discoid lupus”)

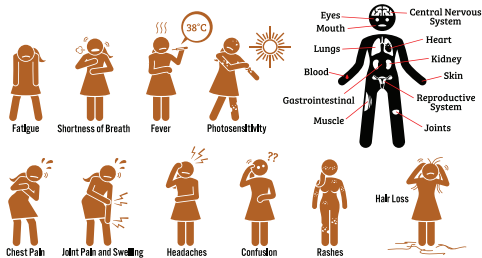
DRUG INDUCED

This lupus-like disease is caused by certain prescription drugs, notably:
1- Hydralazine - used to treat hypertension
2- Procainamide - used to treat irregular heart rhythms
3- Isoniazid - used to treat tuberculosis

DIAGNOSIS OF SLE

Diagnostic criteria for SLE can be remembered by the mnemonic “SOAP BRAIN MD”.

- Serositis (pleuritis, pericarditis)
- Oral Ulcerations (painless)
- Arthritis (non erosive, peripheral)
- Photosensitivity
- Blood dyscrasias (anemia, thrombocytopenia, leukopenia)
- Renal disease (lupus nephritis)
- ANA positivity
- Immunologic (Ds DNA, low complement, etc)
- Neurologic (psychosis, seizure)
- Malar “butterfly” Rash
- Discoid Rash



Generally, individuals who demonstrate four or more of these criteria should be highly considered to have SLE. However, some patients can be diagnosed with SLE even if fewer criteria are met if the clinical picture is consistent. Lupus patients can have frequent manifestations like fever, fatigue, weight loss, Raynaud’s phenomenon and hair loss.

SIGNS AND SYMPTOMS

- Common: swollen joints (can be painful and deforming), unexplained fever, fatigue, malar or butterfly rash on the nose and cheeks, other rashes and sensitivity to sunlight
- Less common: swollen glands, mouth ulcers, edema of the legs and around eyes, chest pain, auto-immune hair loss, depression
- Related to organ or system involved:
 - Renal - proteinuria, nephritis
 - Respiratory - pleurisy, pneumonia, interstitial lung disease, rarely pulmonary hypertension
 - Central nervous system - headache, dizziness, behavioral changes, seizures, stroke
 - Heart - myocarditis, endocarditis, pericarditis, increased risk for atherosclerosis
 - Blood vessels - vasculitis, Raynaud's - pale or purple fingers or toes from cold or stress
 - Blood - anemia, leukopenia, thrombocytopenia
 - Eye - dry eye (sicca), episcleritis, scleritis

CAUSES OF DEATH

Although SLE prognosis has improved, mortality rate is still high, at about 2-5 times that of age and sex matched population. The following complications increase mortality:

- Active lupus with end-organ damage such as heart, lungs, kidneys, CNS (particularly in the early years of illness)
- Super-infection due to immune suppression
- Atherosclerotic complications - atherosclerosis is often the result of hypertension and lipid disorders resulting from long-term steroid therapy, can be used for arthritis or in an effort to reduce the requirement for long-term, high dose oral corticosteroids. Inflammation has also been shown to hasten atherosclerosis.

DIAGNOSTIC TOOLS AND FINDINGS

- Laboratory tests:**
- CBC (Complete blood count): anemia, leukopenia, thrombocytopenia
 - Erythrocyte sedimentation rate: may be elevated
 - Kidney and liver function tests: abnormalities
 - Urinalysis: increased protein level or red blood cells
 - Antinuclear antibody (ANA) test: if positive indicates a stimulated immune system.
 - Autoantibodies in SLE:
 - ANA: seen in 95% of SLE; not specific for SLE
 - Anti-ds DNA: seen in 60% of patients with SLE; highly specific for SLE (nephritis)
 - Anti-Sm (Smith): seen in 10% to 30% of SLE patients; highly specific for SLE

- Imaging tests:**
- Chest X-ray: fluid or inflammation in lungs
 - Echocardiogram: myocarditis, valvular heart disease, pericarditis, pericardial diffusion

- Biopsy:**
- Skin: to confirm a diagnosis of lupus affecting the skin
 - Kidney tissue: to determine the best treatment when kidneys are affected by lupus

Since 1973, Optimum Reassurance has been offering its clients in the Canadian market with professional reinsurance services and capacity. Optimum Reassurance is a subsidiary of the Montreal-based holding company, Optimum Group. Optimum Group is a privately owned international financial group active in life reinsurance, property and casualty insurance, life insurance, actuarial consulting and asset management.

optimumre.ca
optimum--reassurance/linkedin

