SYSTEMIC LUPUS ERYTHEMATOSUS

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Systemic lupus erythematosus (SLE) is a systemic autoimmune disease (or autoimmune connective tissue disease) that can affect any part of the body. As occurs in other autoimmune diseases, the immune system attacks the body's cells and tissue, resulting in inflammation and tissue damage. It is both a Type II and III hypersensitivity reaction in which bound antibody-antigen pairs precipitate and cause further immune response. The severity of SLE ranges from indolent to fulminant. It is known as ‘the great imitator’ because it mimics other illnesses.  The course of the disease is unpredictable, with periods of illness (called *flares*) alternating with remissions. The etiology of SLE is still untraced but it is believed to be triggered by infections, medicines (for example, minocycline or hydralazine) or sunlight. Hormonal changes may play a role in SLE, which could explain why it is much more common in women. In childhood-onset SLE, there are several clinical symptoms more commonly found than in adults, including malar rash, ulcers/mucocutaneous involvement, renal involvement, proteinuria, urinary cellular casts, seizures, thrombocytopenia, hemolytic anemia, fever, and lymphadenopathy. In adults, Raynaud pleuritis and sicca are twice as common as in children and adolescents. Diagnosing lupus can be difficult. It may take months or even years for doctors to piece together the symptoms to diagnose this complex disease accurately. No single test can determine whether a person has lupus, but several laboratory tests may help the doctor to confirm a diagnosis. Such tests may include antinuclear antibody (ANA), CBC with differential, chest x-ray, serum creatinine, urinalysis. There is no cure for SLE yet, but symptoms can be eased by administration of drugs that act on them individually. They include NSAIDS, steroids, hydroxychloroquine, and immunosuppressants. A new drug ‘lupuzor’ is described by its developers as the first specific and non-immunosuppressant therapy for lupus. Having already successfully completed phases I and II of clinical trials, the drug now enters phase III international trial. The drug is based on a family of peptides that can correct dysfunctions of the immune system. Researchers around the world continue to seek more targeted therapies and a more complete understanding of the basic underlying causes of systemic lupus erythematosus (SLE).