

CASE STUDIES WITH CHRONIC LUPUS ERYTHEMATOSUS

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ABSTRACT. Localized Chronic Lupus Erythematosus is a form of lupus erythematosus, characterized by the presence of skin lesions with a chronic evolution, rarely accompanied by visceral damage. The disease is found at all races, it is twice frequent at women and it affects the people in their thirties and forties especially. The aim of the paper is to determine some favourable facts in LEC occurrence and the evolution and prognosis at LEC sick people. In this paper we used the retrospective analytical survey, as a source of information using the observation sheet and evidence papers. The study was conducted over an eight year period (2001-2008) at Municipal Hospital, Dermatology and Venereology department in Arad over a group of 213 people from which a series of data regarding the frequency and some considerations of this affection were issued. One has to mention the fact that during this disease a series of predisposition factors such as a series of various occasional factors, the most important in the specialized literature being the actinic factor. Due to this fact the disease is more frequent or it is aggravating in the sunny season. This thing is issued from anamnesis and clinical exam (the exposed kin to the ultraviolet rays). In the studied cases, the symptoms started during the sunny season at a 78.12% of the sick people.

Keywords: chronic lupus erythematosus, localized, case study

INTRODUCTION

The localized Chronic Lupus Erythematosus is a form of lupus erythematosus, characterized by the presence of skin lesions with a chronic evolution, rarely accompanied by visceral damage.

The disease is found at all races, it is twice frequent at women and it affects the people in their thirties and forties especially.

The aim of the paper is to determine some favorable facts in LEC occurrence and the evolution and prognosis at LEC sick people.

MATERIALS AND METHODS

In this paper we used the retrospective analytical survey, as a source of information using the observation sheet and evidence papers.

The study was conducted over an eight year period (2001-2008) at Municipal Hospital, Dermatology and Venereology department in Arad over a group of 213 people from which a series of data regarding

the frequency and some considerations of this affection were issued.

RESULTS AND DISCUSSIONS

Favourable factors in the appearance of LEC

One has to mention the fact that during this disease a series of predisposition factors such as a series of various occasional factors, the most important in the specialized literature being the actinic factor. Due to this fact the disease is more frequent or it is aggravating in the sunny season. This thing is issued from anamnesis and clinical exam (the exposed kin to the ultraviolet rays).

In the studied cases, the symptoms started during the sunny season at a 78.12% of the sick people.

The start of the symptoms (The role of the actinic factor)

There are other factors which can induce or maintain the LEC lesions from the individuals who are prone to disease: cold, physical

trauma (there can be lesions in burning areas or contusions) and menstruation, although in

some cases it has been observed the premenstrual aggravation of the lesions.

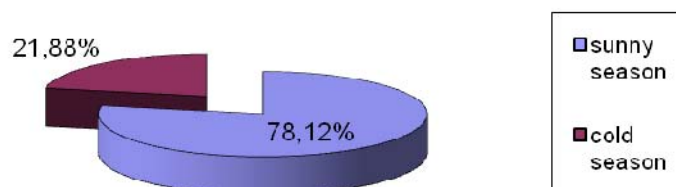


Fig. 1 The start of the symptoms (The role of the actinic factor)

The role of the hormone factors in developing the disease is suggested by the predominance of the disease at women. It has been detected higher levels of estrogens metabolites at the sick women with lupus compared with the high levels at normal women and the administration of the oral contraceptive has worsen the disease.

These observations are explained by the capacity of the sexual hormones in order to modulate the immune reactivity to increase them by the estrogens and its deprival by the androgens.

From the total of 146 women with studied LEC, 52 cases are represented by women in their fertile period, from which 68.04% have used oral contraceptive.

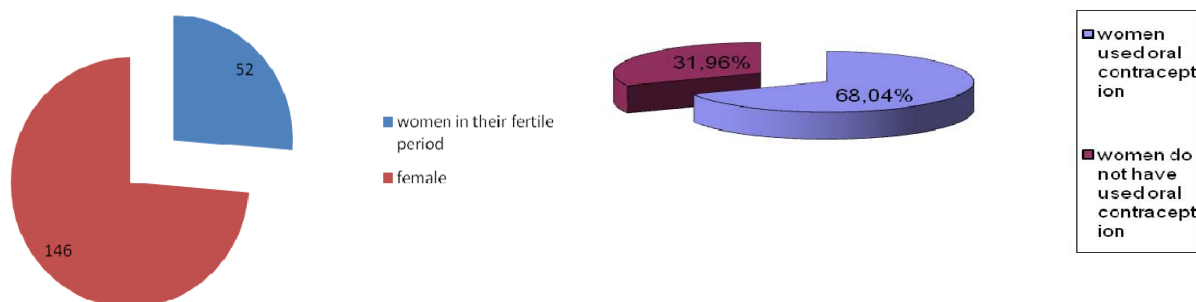


Fig. 2 The role of the hormonal factors

The evolution and the prognosis at LEC sick people

According to the study and the archive documentation, we have reached the conclusion the main complications of the LEC are coetaneous and their implications are predominant aesthetic.

Thus, maiming of the accrual areas can be produced, irreversible alopecia of the scalp, slowly curable chronic coetaneous ulcerations, the development of the spin cellular carcinoma in affected areas.

From the group of the studied sick people, it resulted statistically:

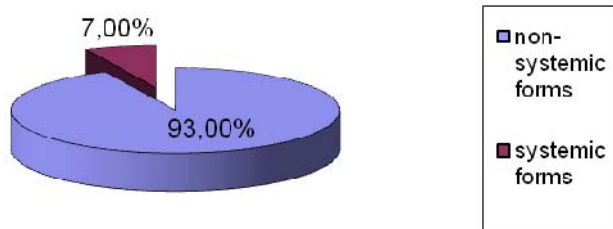


Fig. 3 The evolution towards the systemic form

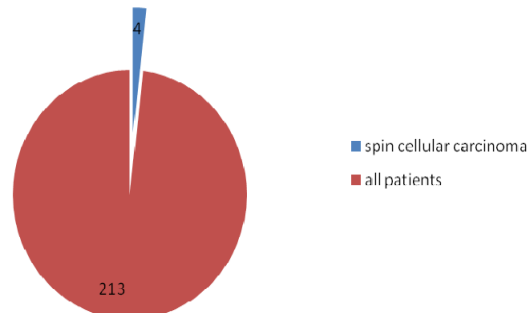


Fig. 4 The development of spin cellular carcinoma in affected areas

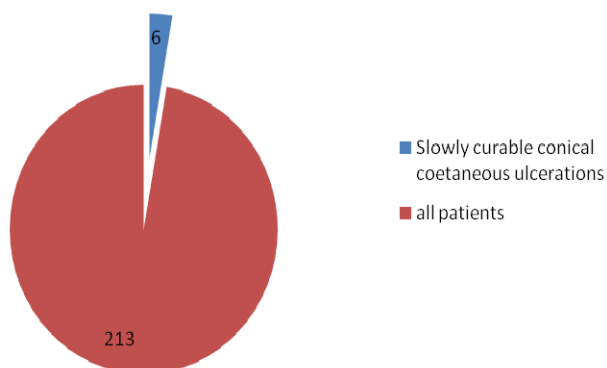


Fig. 5 Slowly curable chronical coetaneous ulcerations

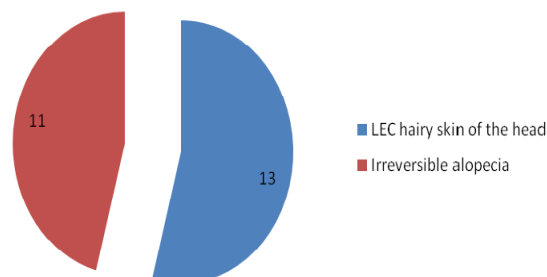


Fig. 6 Irreversible alopecia

The vital prognosis is good, only a small percentage (7%) among the patients developing a systemic form.

CONCLUSIONS

Lupus erythematosus is a complex disease with numerous forms of manifestation and framed in the collagen diseases. These diseases have as a histological cause the fibroma degenerescence of the fundamental substance of the conjunctive tissue.

The disease is more frequent or it is aggravating in the sunny season and this thing comes out from anamnesis and the clinical examination (the exposed teguments to the ultraviolet rays). In the studied cases, the symptoms started in the warm season at a 78.12% of the sick people.

At the sick women infested with lupus higher levels of estrogens metabolites was noticed compared with the valued met at normal women and the administration of oral contraceptives worsen the disease. From the total of 146 women with LEC studied, 52 of

the cases are represented by women in their fertile period among which 68.04% used oral contraceptives.

The principal complications of LEC are coetaneous and their implications are mainly aesthetic. Thus, mutilations of the acral areas, irreversible alopecia of the scalp, slowly curable chronic coetaneous ulcerations, the development of spin cellular carcinoma in the affected areas.

The vital prognosis is good, only with a little percentage (7%) among the patients developing a systemic form.

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