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ANALYSIS OF CLINICAL AND LABORATORY PROFILES OF PATIENTS WITH CUTANEOUS MANIFESTATIONS OF LUPUS IN A UNIVERSITY HOSPITAL

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BACKGROUND

To evaluate the clinical and laboratory profiles of patients with lupus erythematosus (LE) with cutaneous manifestations who were followed up in the dermatology and rheumatology outpatient clinics of a tertiary hospital.

MATERIALS AND METHODS

This was an observational, cross-sectional, qualitative-quantitative study. Data collection was standardized via a file containing clinical and laboratory data obtained during face-to-face interviews, as well as through the analysis of the medical records of 107 patients. Student's t-test and Mann-Whitney test were used for analyzing numerical variables, while the chi-square test and Fisher's exact test were used for categorical variables. P-value < 0.05 was considered statistically significant.

RESULTS AND DISCUSSION

The majority of patients were women (91.6%) and self-reported mixed race (pardo) (58.9%) with a mean age of 41 years and a mean diagnosis time of 124 months. A total of 85.9% of the patients were diagnosed with systemic LE and 14.1% with isolated cutaneous LE. The prevalence of cutaneous lupus subtypes was as follows: 82.2% acute cutaneous lupus, 34.5% chronic cutaneous lupus (CCL) and 3.7% subacute cutaneous lupus; discoid lupus subtype was the most prevalent among cases of CCL (89.1%). The most common antinuclear factor (ANF) pattern was the nuclear fine speckled (NFS) pattern (28% of the sample), which had a statistically significant relationship with Raynaud's phenomenon ($p = 0.03$) and chronic skin manifestations ($p = 0.03$). Photosensitivity, observed in 65.4% of the patients, was correlated with the NFS pattern; however, it was not statistically significant ($p = 0.12$). The association with anti-RO autoantibody could not be determined because of low number of tests performed in the study population. Comparison between mean erythrocyte sedimentation rate ($p = 0.03$), C3 ($p = 0.01$) and C4 ($p < 0.01$) showed a significant difference between patients with systemic lupus and isolated cutaneous lupus. The most commonly used medication among the patients was hydroxychloroquine sulfate (88.7%), as single therapy for 38.3% of patients (at a mean dose of 388 mg/day) and combined with oral corticosteroids for 26.1% of patients (at a mean dose of 12 mg/day).

CONCLUSION

The predominant clinical profile in the study was that of Pardo women with systemic disease, with NFS being the most prevalent pattern of ANF. Antimalarial and oral corticosteroids were the most frequently prescribed medications because of higher prevalence of systemic presentations. Attention should be given to patients with isolated skin disease for early initiation of follow-up by dermatologists and rheumatologists.