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SYMPTOMATIC COVID INFECTIONS IN ADULT AND PEDIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS AND RELATION TO DISEASE ACTIVITY

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BACKGROUND

Coronavirus disease 2019 (COVID-19) is a respiratory tract infection caused by a newly emergent coronavirus (SARS-CoV-2). The recent pandemic of COVID-19 has changed our current practice and increased the awareness of infection in immunocompromised patients. Additional concerns have been raised, since systemic lupus erythematosus (SLE) may flare after viral infections. Patients with SLE represent a unique population in considering risk for COVID-19, with biologic, genetic, demographic, clinical, and treatment issues involved. In the current epidemiological situation of COVID-19 infection, SLE can be an excellent study model.

MATERIALS AND METHODS

In this descriptive report, we have reviewed our records of adult and pediatric SLE patients to determine the frequency of symptomatic SLE patients with positive reverse transcription polymerase chain reaction (RT-PCR) test for COVID-19. The need of hospital admission and disease activity in the follow-up period was analyzed.

RESULTS

We identified 11 adult-onset SLE patients and 3 pediatric SLE patient with positive RT-PCR. Being that 12 of these patients were women and 2 men. Of these, 4 had clinical criteria for hospital admission with acute respiratory syndrome. All patients responded to noninvasive oxygen supplementation. None of the patient needed oral intubation. All patients had 25–50% of chest involvement in computed tomography (CT) images. Median time of hospital admission was 7 days. None of the patient had SLE flare during the three following months. Medication was not changed due to infection.

CONCLUSION

This study shows that during the COVID-19 pandemic, a small percentage of patients had symptomatic respiratory symptoms and majority had hospital admission criteria. Nevertheless, patients had favorable outcome and no SLE flare was observed during or after COVID-19 infection.

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