



COMPARISON OF SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS WITH DISEASE ONSET IN PRE AND POST-MENOPAUSE

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BACKGROUND

Systemic Lupus erythematosus (SLE) is a heterogeneous disease with a highly variable presentation and course. Patient's age and hormonal status influence the clinical profile. Due to the high prevalence of this disease in females and possible exacerbation during pregnancy, it has been suggested that estrogens may act as a precipitating factor. There are few studies comparing the clinical profile of this disease in females with disease onset in the pre and after menopause

MATERIALS AND METHODS

Retrospective analysis of the clinical and serological profile of SLE females that attended for regular consultation in the past 10 years, with disease onset of pre-and post-menopause, from a single rheumatology center. To be included patients must have fulfilled at least 4 of the classification criteria for diagnosis of systemic lupus (SLICC-2012). Patients with disease onset prior to 16 years of age were excluded

RESULTS

We included 401 patients (360 with disease onset prior to menopause and 41 after). The mean age at menopause was 44.6 ± 6.2 years. The comparison of clinical (butterfly and discoid rashes, photosensitivity, oral ulcers, serositis, arthritis, glomerulonephritis, hemolytic anemia, leukopenia, lymphopenia, thrombocytopenia, convulsions and psychosis) and serological (anti-dsDNA, anti-Ro, Anti-La, anti-Sm, anti-RNP, Direct Coombs, aCI-IgG, aCI-IgM, LAC) were similar (all with $p=ns$). Thrombosis and associated hypothyroidism were more common in women with disease after menopause ($p=0.0003$ and $OR=5.3$ and $p=0.0031$ and $OR=2.7$ respectively).

When women with post-menopause disease onset were compared to women with disease onset prior to menopause and that still had not reached menopause ($n=232$), alopecia ($p=0.0004$; $OR=3.7$), lymphopenia (0.05 ; $OR=4.9$), anti-Ro and anti-La ($p=0.05$ and $OR=2.0$ and 2.9 respectively) were more common in pre-menopausal patients. Associated hypothyroidism was more common in the post-menopausal group.

CONCLUSION

Thrombosis was more common in SLE patients with post-menopausal disease onset when compared with those with disease onset at pre-menopause. Alopecia, lymphopenia, anti-Ro and anti-La are more common in SLE patients with disease onset at pre-menopausal and that still had not reached menopause. Associated hypothyroidism was more common in post-menopausal patients in both situations