Systemic lupus erythematosus in the elderly

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Introduction :

Systemic lupus erythematosus (SLE) is a disease occurring in young women. Nevertheless, cases of occurrence in the elderly are reported. The late disclosure is often difficult to diagnose because of the atypical manifestations and the number of diagnoses to be evoked in these older patients with multiple comorbidities.

Patients and methods :

A retrospective descriptive study of lupus patients records in the internal medicine department of Fatouma Bourguiba university hospital in Monastir, over a period of 12 years (2006 - 2017).

Results :

- 4 / 116 were older than 60 years.
- 100% ♀ with a mean age of 74.25 years [62 - 87 years].
- no family history of autoimmune diseases.
- The average time to diagnosis = 8 years.
- Inaugural manifestations :

General signs	n=4
Polyarthralgia	n=3
Pleural involvement	n=2
Pericardial involvement	n=1
Haematological manifestations	n=1
Renal impairment	n=1

- Other manifestations:

Cutaneous involvement	n=2
Diffuse interstitial lung disease	n=1
Vascular hypertension	n=1
Neuro-psychiatric damage	n=0

- Biologically:
  * accelerated sedimentation rate: n=2
  * haematological manifestations: n=4
  * positive anti-nuclear antibodies: n=4 (titer between 1/320 and 1/800)
  * positive anti-DNA: n=3
  * positive anti-RNP: n=1
  * anti-SSA: n=1 .
- An associated autoimmune disease found in 2 cases: Sjogren's syndrome and Hashimoto's thyroiditis in one case respectively.
- All patients received synthetic anti-malarial drugs and two of them received systemic corticosteroid therapy.
- None of them required the use of immunosuppressants.

Discussion:

SLE predominantly affects young women in their 20s. Elderly-onset lupus has been defined in various studies as onset of lupus after age 50-65 years, found in approximately 10-20% of cases [1]. Owing to the insidious onset and the non-specific clinical manifestations on presentation, there is commonly a delayed diagnosis of late-onset SLE [2].
Many studies suggest that the clinical and serological features of elderly-onset lupus differ from those of lupus in younger patients.
In our study, general, rheumatologic, serous and haematological manifestations were frequent compared to cutaneous , renal and neuro-psychiatric involvement. Anti-nuclear antibodies were positive in all cases with a frequent positivity of anti-DNA antibodies. These results are similar to french, spanich and tunisian studies except for cutaneous manifestations which were found more frequent in these studies [2,3,4].
Treatment of lupus in the elderly may be complicated by co-morbidities and increased risk of toxicities from usual treatments. Optimal management of elderly-onset lupus is empiric because of a lack of randomised controlled studies. However, the approach to treatment is similar regardless of the age of the patient. The treatment of choice of joint symptoms and serositis includes non-steroidal anti-inflammatory drugs and low-dose steroids for short periods.

Conclusion:

SLE in the elderly is rare. The general and articular signs dominate the clinical picture with a lower frequency of typical skin lesions.

Bibliography:

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