

Test your knowledge

Systemic lupus erythematosus (SLE) can cause many symptoms and signs, but the presentation may be subtle. Some experts estimate that it occurs in up to 1 in 1000 women of childbearing age. Can you pick SLE?

The multiple choice questions in this quiz may have more than one answer.

- Which of the following is the most typical arthritis associated with SLE?
 - asymmetrical arthritis of large joints
 - nondeforming, symmetrical polyarthritis affecting the hands, wrists and knees
 - sacroiliitis
 - symmetrical deforming arthritis limited to the hands
 - asymmetrical deforming arthritis limited to the hands
- Which of the following are true of skin involvement in SLE?
 - a malar or butterfly rash must be present for diagnosis
 - a malar rash is almost never associated with systemic manifestations
 - about 50% of people with SLE have a butterfly rash
 - photosensitivity is the most common skin problem (Figure 1)
 - photosensitivity does not occur in untreated SLE but is a common side effect of drugs used to treat it
- Antinuclear antibodies (ANAs) are the most common autoantibodies in SLE. Which of the following are true?
 - a positive ANA test is diagnostic of SLE
 - about 95% of people with SLE have a positive ANA test
 - at least 10% of people in the normal population have a positive ANA test
 - a positive ANA test occurs in other connective tissue diseases
 - a positive ANA test implies future development of SLE
- Which of the following auto-antibodies is the most specific test for SLE?
 - antimitochondrial antibody
 - smooth muscle antibody
 - rheumatoid factor
 - antibody to double-stranded DNA
 - antiphospholipid antibody
- Which of the following can be due to SLE?
 - pericarditis
 - depression
 - renal failure
 - psychosis
 - Raynaud's phenomenon (Figure 2)
- SLE shows quite marked variations between population groups. Which of the following are true?
 - SLE does not occur in Aboriginal Australians
 - SLE is twice as common in Aboriginal Australians than Caucasian people
 - SLE is more common in women than men
 - SLE is less common in young women of childbearing age than menopausal women.
 - the prevalence of SLE is not affected by race.
- Antiphospholipid syndrome is associated with SLE and the presence of antiphospholipid antibodies. What are the clinical manifestations of this syndrome?
 - recurrent miscarriage
 - death *in utero*
 - recurrent thrombosis



Figure 1. Photosensitivity in SLE.



Figure 2. Raynaud's phenomenon.

- severe arthritis of the small joints of the hands
 - pulmonary fibrosis
- Which of the following are true of pregnancy in women with SLE?
 - most women with active SLE go into remission during pregnancy
 - most women with active SLE have a flare during pregnancy
 - if the disease is well controlled and does not include renal impairment, pregnancy is not contraindicated
 - almost all young women with SLE have antiphospholipid syndrome so a successful pregnancy is very unlikely
 - renal disease may be exacerbated in pregnancy.

References

- Howe G. Could this be lupus? What to do next. *Mod Med Aust* 1998; 41(4): 42-50.
- Mills JA. Systemic lupus erythematosus. *N Engl J Med* 1994; 330(26): 1871-1879.

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1. b

SLE is typically associated with a symmetrical arthritis that affects hands, wrists and knees but does not result in deformity.

2. c, d

The most common dermatological complication of SLE is photosensitivity. The typical butterfly rash occurs in approximately 50% of patients.

3. b, c, d

Tests for antinuclear antibodies (ANAs) are sensitive but not specific: 95% of people with SLE have a positive ANA test; however, a positive ANA result does not mean that a person has SLE.

Some authorities state that up to 30% of people in the normal population have a positive ANA test at low titre, and a positive ANA result is also seen in association with other connective tissue diseases, such as scleroderma and rheumatoid arthritis.

4. d

Of the five options listed, antibody to double-stranded DNA is the most specific test for SLE. Antimitochondrial antibody is seen in primary biliary cirrhosis; smooth muscle antibody is associated with autoimmune chronic active hepatitis. Antiphospholipid antibody occurs in about 30% of people with SLE, but can also occur in those without a connective tissue disorder.

5. a, b, c, d, e

One of the reasons that SLE is difficult to diagnose is the fact that the disease has many different manifestations. Cardiopulmonary, renal and neuropsychiatric syndromes need to be considered in any patient with SLE. Approximately 25% of patients have Raynaud's phenomenon.

6. b, c

SLE is more common in women than men, and more common in Australian Aborigines and black Americans than people of Caucasian background.

7. a, b, c

Antiphospholipid syndrome is associated with SLE but it can occur as a primary condition. It is associated with recurrent thrombosis (both venous and arterial), recurrent miscarriage and late term intrauterine death. Other symptoms include valvular heart disease, neurological damage and haemolytic anaemia.

8. b, c, e

Women with active SLE tend to get worse during pregnancy, particularly if they have kidney involvement. Not all women with SLE have the antiphospholipid syndrome – however, if pregnancy is contemplated, the appropriate antibody should be sought so that risks can be reviewed. The appropriate treatment of asymptomatic patients with elevated antiphospholipid antibodies is currently unclear. If a patient is in remission, pregnancy is not contraindicated; careful obstetric supervision is required.