

Late-onset systemic lupus erythematosus: a Latin view

Lupus eritematoso sistêmico de início tardio: uma visão Latina

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Dear Editor

Late-onset systemic lupus erythematosus (loSLE) is a relatively uncommon condition, which seems to be under diagnosed and or underreported in Brazil as well as in Portugal; at least in part because of lower awareness about the diagnostic hypothesis of SLE affecting older people.¹⁻³ Recently, I read interesting epidemiological studies about this entity and comments are addressed taken in account some findings from the study of Martins et al.⁴ The objective of the researches was to compare the main clinical features of loSLE with patients of younger age groups, in Latin people from Portugal and Brazil.^{1,3} The conspicuous burden of cardiovascular complications of SLE among the elderly patients were highlighted.^{1,3}

Das Chagas Medeiros et al. reviewed data of 414 Brazilian patients with SLE, and 16 of them had loSLE. Worthy of note all individuals of this group were women, and doses of prednisone were lower than utilized by younger patients, but the mean damage accrual, and the rates of remission and mortality were similar. Differences of anti-dsDNA, anti-Sm, and antiphospholipid

antibodies were not observed between age groups; however, the prevalence of cardiovascular involvement was significantly higher in individuals with loSLE.¹ The authors commented the role of ethnical and environmental factors in clinical features and course of SLE.¹ Sousa et al. studied clinical data, co-morbidities and cumulative damage in 89 Portuguese patients with loSLE, compared to younger groups of individuals.³ Concordant with the Brazilian data, 88% of patients were women; in contrast, co-morbidities and irreversible damage were significantly higher in those with loSLE.³ The age at disease onset had influence in clinical and serological findings and in organ irreversible damage.³ The authors emphasized diagnostic difficulties due to the more insidious disease onset and course of loSLE.³ A Brazilian case study described an acute episode of myocarditis and pericarditis in a 72-year-old woman with previous diagnosis of loSLE.² On admission, she was claiming recent headache, nausea, vomiting, dyspnea, and chest pain. Typical findings of electrocardiogram and echocardiogram; and images of angiotomography and magnetic resonance confirmed the laboratory tests of

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cardiac involvement by loSLE.² The indolent onset of lupus was at her 60 years of age, and was characterized by discrete arthritis, moderate pulmonary and pleural changes, and renal dysfunction. Worthy of note was the good clinical response after use of prednisone in low dosage during more than two decades of her loSLE evolution; moreover, her cardiac disturbances were successfully controlled by the opportune pulse therapy with cyclophosphamide, in addition to high dosage of prednisone.²

On the other hand, Martins et al. evaluated 96 Brazilian patients with SLE and 81.25% had dermatological changes,⁴ different from patients with loSLE.³ Worthy of note, 92 of the patients (95.83%) were women; the main lesions seen on inspection were photosensitivity (65.63 %), malar rash (64.58%), and oral ulcers (23.96%).⁴ In the younger groups, these physical features more often call attention of the health works for the hypothesis of SLE,⁴ in comparison with loSLE - photosensitivity (47%), malar rash (37%), and oral ulcers (37%).³

The important researches herein commented, and the illustrative case report might contribute to enhance the suspicion index about loSLE in primary medical care, including the possibility of unsuspected cardiovascular involvement. Although loSLE was once considered a benign condition with

very good outcome, organ damage may occur. Therefore, early diagnosis and adequate follow-up by specialized team would contribute to better prognosis.

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