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Systemic lupus erythematosus combined with primary hyperfibrinolysis and protein C and protein S deficiency: A case report

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Abstract

BACKGROUND

Systemic lupus erythematosus (SLE) is an autoimmune disease characterized by systemic involvement and multiple autoantibodies in the serum. Patients with protein C (PC) and protein S (PS) deficiency are prone to thrombosis. In contrast, patients with primary hyperfibrinolysis tend to bleed.

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Introduction: Associations between **systemic lupus erythematosus** (SLE) and **primary** immunodeficiencies (PIDs) were analyzed to gain insight into the physiopathology of SLE. Some PIDs have been consistently associated with SLE or **lupus**-like manifestations: (a) homozygous deficiencies of the early components of the classical complement pathway in the following decreasing order: in C1q, ...

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PEOPLE ALSO ASK

- Is systemic lupus erythematosus genetic?
- Is SLE an autoimmune disease?
- Is sle a genetic disorder?
- What is photosensitive lupus erythematosus?

Feedback

Systemic lupus erythematosus: MedlinePlus Genetics

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Systemic lupus erythematosus (SLE) is a chronic disease that causes inflammation in connective tissues, such as cartilage and the lining of blood vessels, which provide strength and flexibility to structures throughout the body. Explore symptoms, inheritance, genetics of this condition.

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Systemic Lupus Erythematosus

Medical Condition

An autoimmune disease, with systemic manifestations including skin rash, erosion of joints or even kidney failure.

- Common (More than 200,000 cases per year in US)
- Often requires lab test or imaging
- Treatments can help manage condition, no known cure
- Can be lifelong

Causes can be heredity, ultra violet exposure and certain drugs Most common symptom is butterfly rash on face. Medication to reduce inflammation.

Symptoms

Signs and symptoms may include:

- Butterfly rash on the face
- Appetite loss
- Hair loss
- Fever
- Fatigue
- Photosensitivity
- Raynaud's phenomenon
- Pleuritis
- Pericarditis
- Painful or swollen joints and muscle pain
- Unexplained fever
- Chest pain upon deep breathing
- Swelling (edema) in legs or around eyes
- Mouth ulcers
- Chorea

Treatments

The treatment to reduce and manage symptoms.

Medication

- Anti-inflammatory drugs: Given as oral medications, ointments, or intravenous injections.
  Ibuprofen · Naproxen · Diclofenac
- Steroid cream: Reduces the rashes.
  Triamcinolone · Fluocinolone
- Immuno suppressants: Reduces the rashes.
  Azathioprine · Methotrexate · Mycophenolate

Causes

Exact cause is not known, but it is believed that the following can cause the disease

Genetics:

Families who have the history of having this disease are more likely to develop

Environmental Factors:

- Exposure to ultra violet rays
- Viruses
- Medications or certain drugs
- Emotional stress
- Trauma

Hormones:

- Females are more commonly affected than men
- Women during pregnancy are high risk of developing this condition
- It is believed that estrogen, a sex hormone can be responsible for this

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PEOPLE ALSO ASK

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What is protein C deficiency?

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