Control of Pediatric SLE
Improved Lipid Levels

BY DOUG BROOK
San Diego Bureau

Comparision of lipid levels at different points in the course of pediatric systemic lupus erythematosus (SLE) disease revealed the effect of prednisone administration. Comparison of the lipid levels at different points in the course of pediatric systemic lupus erythematosus (SLE) disease revealed the effect of prednisone administration. Comparison of the lipid levels at different points in the course of pediatric systemic lupus erythematosus (SLE) disease revealed the effect of prednisone administration. Comparison of the lipid levels at different points in the course of pediatric systemic lupus erythematosus (SLE) disease revealed the effect of prednisone administration. Comparison of the lipid levels at different points in the course of pediatric systemic lupus erythematosus (SLE) disease revealed the effect of prednisone administration. Comparison of the lipid levels at different points in the course of pediatric systemic lupus erythematosus (SLE) disease revealed the effect of prednisone administration. Comparison of the lipid levels at different points in the course of pediatric systemic lupus erythematosus (SLE) disease revealed the effect of prednisone administration. Comparison of the lipid levels at different points in the course of pediatric systemic lupus erythematosus (SLE) disease revealed the effect of prednisone administration.

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After diagnosis, “the mean total cholesterol levels decreased during year 1, then remained relatively constant, while the percentage of patients with abnormal total cholesterol values remained relatively constant,” the researchers wrote. The mean LDL cholesterol levels decreased during year 1 and then remained relatively constant during years 2 and 3, they reported.

At the time of diagnosis, the mean levels of total cholesterol, LDL cholesterol, and triglycerides were highest, while the mean levels of HDL were lowest.

African Americans are two to three times more likely to die from systemic lupus erythematosus than are whites, a disparity that is higher than the risk of mortality from all causes, according to an analysis of U.S. death and hospitalization statistics.

Dr. Eswar Krishnan of the University of Pittsburgh and Helen B. Hubert, Ph.D., of Stanford (Calif.) University wrote that the greater lupus mortality risk suggests that biologic rather than socioeconomic factors may be responsible.

The study examined death statistics from the National Center for Health Statistics at the Centers for Disease Control and Prevention from 1979 to 1998. Investigators also analyzed data from the Nationwide Inpatient Sample, a database run by the Agency for Healthcare Research and Quality taken from the discharge summaries of a 20% stratified sample of hospitals in the United States from 1993 to 2002 (Ann Rheum Dis. 2006;65:4128-90).

For African American women, the lupus mortality risk was 3.91 times that of white women, compared with 1.24 for death from all causes. For African American men, the lupus mortality risk was 2.4 times that of white men, compared with 1.36 for death from all causes.

The mean age at which women were hospitalized for lupus was 43 years for African Americans and 53 years for whites. For men, the mean age at hospitalization for lupus was 43 years for African Americans and 48 years for whites. For lupus patients who died, the mean age among African Americans was 49 years; for whites, the mean age was 64 years.

The lupus death rate increased for both African American and white women from 1979 to 1998. The death rate for African American men held steady while decreasing for white men, which resulted in an increase in the relative death risk ratio for African American men.

Insurance status did not influence relative mortality risk, suggesting that the ethnic differences may be biologic, the researchers said. Such a suggestion is supported by that African Americans are diagnosed with lupus 6 years younger than are whites on average and were more likely to show such symptoms as discoid lupus.

“Our findings have important clinical and public health implications,” the investigators wrote, adding that African Americans are less likely to receive preventative health services than are whites. Therefore, many of the excess deaths among African Americans with lupus may be the result of preventable cardiovascular, infectious, and renal complications. Aggressive intervention with increased exercise, control of hypertension and hyperlipidemia, smoking cessation, and management of other risk factors may eliminate the excess mortality seen in African Americans with lupus, according to the investigators.

Pyoderma Gangrenosum Possible Culprit in Resistant Ulcers

BY JANE SALODOF MAC NEIL
Southwest Bureau

A rare skin disease caused by an intense, uncontrolled inflammatory response, PG presents with pathergy in about 20%-30% of patients, according to Dr. Zone. When a surgeon calls to say, “we debrided, and it got bigger,” that is a hallmark of PG (pyoderma gangrenosum),” said Dr. Zone, chairman of the dermatology division at the Hospital for Sick Children, Toronto. Therefore, our findings have important implications when considering therapeutic interventions on pediatric patients with SLE (Arthritis Rheum. 2006;54:1283-90).

The researchers obtained lipid measurements at diagnosis, and at 1, 2, and 3 years in 114 female and 25 male patients with pediatric systemic lupus erythematosus (SLE) who received care at the Hospital for Sick Children between October 1994 and April 2003. The researchers also obtained SLE Disease Activity Index scores and prednisone dosages at the same time periods. They observed that the changes in triglyceride levels were primarily associated with changes in disease activity.

Total cholesterol levels were higher after debridement than when they had active disease but were not taking prednisone, the researchers wrote. Finally, mean LDL cholesterol levels were significantly higher in patients with active disease who were taking prednisone compared with the time when they had active disease but were not taking prednisone, the researchers wrote.

The researchers acknowledged that a major limitation of the study is its retrospective design but concluded that the findings suggest that “control of SLE appears to improve the levels of these important lipids.”

“These people won’t get better until you figure out what they have,” he advised. About 75% of PG cases are classic or ulcerative. In 10%-70% of these cases, he said PG is associated with an underlying systemic disease. Inflammatory bowel disease is the most common, followed by arthritis, hematologic disorders, hepatitis C, lupus, and sarcoidosis.

“PG is one of a group of conditions (vasculitis, neoplastic disease, drug-induced hydroxyurea, necrobiosis lipoidica, panniculitis, and hypercoagulable state) that may cause a leg ulcer to not heal within 3 months of first-line treatment. The most important thing in leg ulcers is keeping a diagnostic differential in place,” he said.

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