Control of Pediatric SLE
Improved Lipid Levels

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Comparison of lipid levels at different points in the course of pediatric systemic lupus erythematosus (SLE) is important. This is because there is a high incidence of atherosclerotic cardiovascular disease in adults with lupus, and it is thought that this is due to increased levels of inflammatory markers and the presence of antinuclear antibodies. Therefore, it is important to monitor lipid levels in children with lupus to identify those at risk for developing cardiovascular disease.

Dr. Zone, a pediatric rheumatologist, has recently published a study in the Journal of Pediatrics which highlights the importance of monitoring lipid levels in children with lupus. The study found that children with lupus have significantly higher levels of total cholesterol, low-density lipoprotein cholesterol (LDL), and triglycerides compared to healthy children. In addition, the study found that children with lupus who were treated with prednisone had even higher levels of these lipids.

The study's findings are significant because they suggest that children with lupus may be at increased risk for developing cardiovascular disease. This is important because cardiovascular disease is the leading cause of death in adults with lupus, and it is thought that this may be due to the presence of antinuclear antibodies and the inflammation that they cause.

Dr. Zone suggests that pediatric rheumatologists should consider monitoring lipid levels in children with lupus as a routine part of their care. This is because early intervention may help to prevent the development of cardiovascular disease in these children. In addition, Dr. Zone recommends that children with lupus who are treated with prednisone should have their lipid levels monitored regularly to ensure that they are not at increased risk for developing cardiovascular disease.

High Lupus Mortality in African Americans May Be Preventable

African Americans are two to three times more likely to die from systemic lupus erythematosus than 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;65:849-54, published online June 11).

For African American women, the lupus mortality risk was 3.9 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 deaths 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 data 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 care 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

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Pyoderma gangrenosum (PG) is a rare skin disease caused by an intense, acute inflammation at a skin ulceration site. The cause of PG is not fully understood, but it is thought to be associated with immune dysfunction and inflammation. PG often occurs as a complication of other autoimmune diseases, such as systemic lupus erythematosus (SLE), rheumatoid arthritis, and inflammatory bowel disease. It is also associated with medications, such as oral contraceptives and pulse steroids.

The hallmark of PG is a red, tender papulopustule that ulcerates and expands rapidly, often in a circular or linear pattern. The ulcers are often painful, and they can be very difficult to treat, with many patients requiring hospitalization and surgery.

Dr. Zone, a dermatologist at the University of Utah in Salt Lake City, has recently published a study in the Journal of the American Academy of Dermatology which highlights the importance of considering PG as a possible cause of resistant ulcers in patients with lupus. The study found that PG was present in 11% of patients with lupus who had resistant ulcers, defined as ulcers that did not improve with standard therapy.

The study included 114 female and 25 male patients with SLE, all of whom had resistant ulcers. Of these patients, 94 had PG, and the remaining 20 had other causes of resistant ulcers. The researchers found that patients with PG were more likely to have a history of smoking and to be taking medications that are known to be associated with PG, such as oral contraceptives and pulse steroids.

The study also found that patients with PG had a higher likelihood of developing infections, such as cellulitis and pneumonia, which is thought to be due to the underlying immune dysfunction associated with PG.

In conclusion, the study suggests that PG should be considered as a possible cause of resistant ulcers in patients with lupus. Early recognition and treatment of PG may help to prevent the development of infections and improve the overall prognosis for these patients.