

Cardiovascular Disease Is Common among Patients with Systemic Lupus Erythematosus

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Abstract : Cardiovascular disease is a major cause of morbidity and mortality in patients with systemic lupus erythematosus (SLE). Patients and method: Cross-section study (68) patients diagnosed as systemic lupus erythematosus (SLE), who visited the outpatient clinic of rheumatology, these patients were interviewed with a structured questionnaire about their past and current clinically for presence of Cardiovascular disease in systemic lupus and use SLEDAI, specific tests [ECG -ECHO -CXRAY] the data are analyzed statistically by Pearson's correlation coefficient was calculated and statistical significance was defined as $P < 0.05$, during period (2013-2014). Objective: Estimation Cardiovascular disease manifestation of systemic lupus erythematosus, correlation with disease activity, morbidity, and mortality. Result: (68) Patients diagnosed as systemic lupus erythematosus' age range from (18-48 years), $M = (13 \pm 29Y)$, Sex were female 66/68 (97.1%), male 2/68 (2.9%), duration of disease range [1-15year], $M = [7 \pm 8y]$, we found Cardiovascular disease manifestation of systemic lupus erythematosus 32/68 (47.1%), correlation with disease activity use SLEDAI, ($r = 476^{**}$ $p = 0.000$), Morbidity, ($r = .554^{**}$; $p = 0.000$) and mortality ($r = .181$; $p = .139$), Cardiovascular disease manifestations of systemic lupus erythematosus are pericarditis 8/68 (11.8%), pericardial effusion 6/68 (8.8%), myocarditis 4/68 (5.9 %), valvular lesions (endocarditis) 1/68 (1.5%), pulmonary hypertension (PAH) 12/68 (17.6%), coronary artery disease 1/68 (1.5%), none of patients have conduction abnormalities involvement. Correlation with disease activity use SLEDAI, pericarditis ($r = .210$, $p = .086$), pericardial effusion ($r = 0.079$, $p = .520$), myocarditis ($r = .272^{*}$, $p = .027$), valvular lesions (endocarditis) ($r = .112$, $p = .362$), pulmonary hypertension (PAH) ($r = .257^{*}$, $p = .035$) and coronary artery disease ($r = .075$, $p = .544$) correlation between cardiovascular disease manifestations of systemic lupus erythematosus and specific organ involvement we found Mucocutaneous ($r = .091$ $p = .459$), musculoskeletal (MSK) ($r = .110$ $p = .373$), Renal disease ($r = .278^{*}$, $p = .022$), neurologic disease ($r = .085$, $p = .489$) and Hematologic disease ($r = -.264^{*}$, $p = .030$). Conclusion: Cardiovascular manifestation is more frequent symptoms with systemic lupus erythematosus (SLE) is 47 % correlation with disease activity and morbidity but not with mortality. Recommendations: Focus research to evaluation and an adequate assessment of cardiovascular complications on the morbidity and mortality of the patients with SLE are still required.

Keywords : cardiovascular disease, systemic lupus erythematosus, disease activity, mortality

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