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SLE (Lupus)

CC: History of Lupus

Updated: 3/12/2012

Orders:

All patients with SLE should have a fetal growth ultrasound every 4 weeks

ALL SLE patients	**Workup**
First visit	❑ Urinalysis ❑ 24 hour urine for protein and creatinine clearance ❑ CBC ❑ ANA ❑ Anti-double stranded antibodies, anti-Smith ❑ Anti-rho/SSA and Anti-la/SSB (single stranded antibodies), RNP antibodies ❑ Lupus anticoagulant, anticardiolipin antibody, anti- β 2 glycoprotein ❑ Complement (C3 and C4) ❑ Uric acid ❑ EKG
Monthly	❑ Platelets (CBC) ❑ Ultrasound for growth (after 24 weeks) with S:D ratios
End of each trimester	❑ 24 hour urine for protein and creatinine clearance ❑ anticardiolipin antibody ❑ Complement (C3 and C4) ❑ Anti-dsDNA antibodies
Specific issues	Workup/treatment
Positive SSA or SSB	❑ Fetal Cardiac echo at 22-24 weeks
Growth restriction or elevation in S:D ratios	❑ Weekly S:D ratios ❑ Consider MCA Doppler if S:D elevation ❑ Review IUGR protocol
NST/AFI	❑ Start two times /week at 32 weeks ❑ Consider NST at 28 weeks if IUGR, active flare, chronic renal disease or lupus nephritis, restrictive pulmonary disease, history of severe preeclampsia, secondary antiphospholipid syndrome, SSA or SSB positive, poor OB history
+anti-phospholipid antibody	❑ ASA 81 mg q day ❑ Consider LMWH or heparin
Lupus flare	❑ Anti-ds DNA, complement (C3 & C4) ❑ 24 hour urine for protein and creatinine clearance ❑ CBC, ESR, uric acid ❑ Complete OB sono with S:D ratios ❑ Consider treatment o Prednisone o Plaquenil

History:

- History of SLE, new onset of rash or other systemic abnormalities (see below) that result in workup and diagnosis of SLE

Differential Diagnosis:

Gestational HTN, preeclampsia, rheumatoid arthritis, nephrotic syndrome, gestational thrombocytopenia

Necessary Documentation:

- Year of diagnosis, previous manifestation of lupus
- Baseline BP, DTR, UA, edema

Notes:

- SLE is diagnosed by presence of symptoms with presence of lab abnormalities. "SOAP BRAIN MD" – serositis, oral ulcers, arthritis, photosensitive rash, blood d/o, renal proteinuria, ANA high, immunologic labs +, neurologic d/o, malar rash, discoid rash (4/11 + is diagnostic)
- Single stranded antibodies are associated with congenital lupus, and heart block
- 25% of patients with SLE develop thrombocytopenia, more so if APLA positive
- Lupus flare best diagnosed by presence of symptoms, rising ds-DNA, low complement, urinary erythrocyte casts, often difficult to distinguish from pre-eclampsia