Cardiovascular risk factors in systemic lupus erythematosus: a Tunisian cohort

W.Ben Elhaj, MS.Hamdi, I.Kechaou, I.Boukhris, A.Hariz, E.Cherif, S.Azzabi, C.Kooli, L.Ben Hassine

Department of internal medicine B. Charles Nicolle Hospital. Tunis. Tunisia

Introduction:

While disease activity had classically been the main cause of mortality in systemic lupus erythematosus (SLE), cardiovascular diseases became the leading cause of death. This might be related to the increase in lifespan and to therapy. The aim of this study was to investigate the cardiovascular risk factors (CVRF) in a population of Tunisian patients presenting SLE.

Methods:

A retrospective study of patients admitted between 2000 and 2019 in whom diagnosis of SLE was established according to the 1997 ACR criteria. We collected data regarding CVRF at the time of diagnosis and during the follow-up.

Results:

Our study included 76 patients: 3 men and 73 women. Average age was 32.7 years (20 to 60). Mean duration of follow-up was 5.2 years. At the initial assessment, overweight in 7 patients (9%), obesity in 3 patients (4%) and smoking in 4 patients (5%). Diabetes was initially observed in one patient and during follow-up 8 cases of corticosteroid-induced diabetes were noted. Six patients had high blood pressure at the time of diagnosis while 7 developed corticosteroid-induced hypertension during follow-up. Increased cholesterol and triglycerides blood level was observed respectively in 1 and 5 cases. Anticardiolipin antibodies were positive in 20 cases with confirmed antiphospholipid syndrome in 6 cases. Thromboembolic manifestations were observed in 6 cases.

SLE presentation was diverse: joint involvement in 64 cases, hematological in 59 cases, cutaneous and mucosal in 55 cases, renal in 34 cases, neurological in 19 cases. Immunological assessment identified antinuclear antibodies in 73 cases and anti-DNA antibodies in 53 cases.

We observed six deaths during follow-up, one of which due to heart failure.

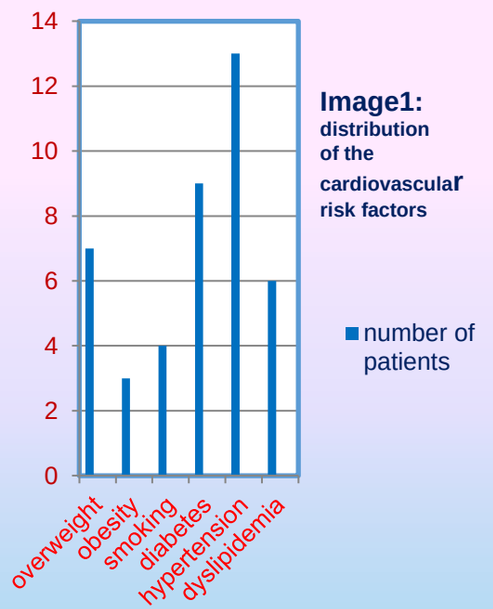

Image1: distribution of the cardiovascular risk factors

Conclusion:

In addition to classic CVRF, it is currently recognized that SLE is an independent CVRF. Several studies emphasize the role of inflammation and potentially treatment especially corticosteroid in early atheromatous disease.

Email: benelhaj.wiem@hotmail.fr