

SYSTEMIC LUPUS ERYTHEMATOSUS IN MALES: ABOUT 22 CASES

Wissal Ben Yahia, Wissem Chaouech, Ahmed Guiga, Ines Lazrek, Ahmed Bouker, Amira Atig, Neirouz Ghannouchi

wissalbenyahia@gmail.com

Internal Medicine Department, Hospital Of Farhat Hached Of Sousse, Tunisia

Introduction

*Systemic Lupus Erythematosus (SLE) is a rare auto-immune disease in male. It affects 9 women for one man. It could be explained by the hormonal hypothesis in the pathogenesis.

*The aim of this study was to describe SLE in Tunisian males and to look for possible significant difference compared to the female SLE.

Patients and methods

*It was a descriptive, retrospective, study of patients followed in internal medicine between 2000 and 2019 for SLE.

They met ACR 1997 criteria. Men were compared to women for clinical and serological manifestations.

Results

*Among 163 cases of SLE:

22 males (13.5%),

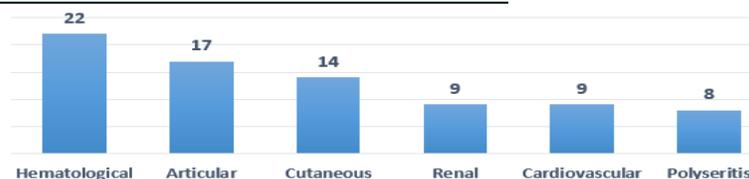
*sex ratio F/M = 7.4.

*Mean age at diagnosis= **38 years-old** [23-58].

The associated autoimmune diseases:



The clinical manifestations observed:



*The ANA were positive in all patients.

*Treatment: corticosteroids for all patients + immunosuppressants (n=10).

*The clinical and biological characteristics observed in males compared to females:

	Male SLE	Female SLE
Rheumatoid arthritis	18.2%	4.3%
Scleroderma	9.1%	5.7%
Vasculitis	18%	12%
Pulmonary involvement	45%	32%
Cutaneous	63%	78%
Articular	77%	86%
Renal	41%	48%
Neurologic attacks	18%	25%

No statistically significant difference was found

Discussion

*SLE is a rare disease in males.

*They account for 4% to 22% of all cases in various series.

*Several hormones were analysed because of the evidence of hypoandrogenism in the pathogenesis of the disease.

*Many studies concluded that male suffer more from renal, neurological and cardiovascular manifestations as compared with women SLE patients. Early diagnosis is needed in order to minimize mortality.

*These findings had not be found in this population. That could be explained by the ethnic and genetic variability of SLE.

Conclusion

SLE is rare in males, because of different factors (ethnic, genetic, hormonal) and which often constitutes a problem of positive diagnosis.

Références

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