

中文題目：以血液檢驗數值分析紅斑性狼瘡病人腎臟心臟及腦神經系統侵犯的關聯性

英文題目：Major organ comorbidities are correlated with clinical markers and manifestations in a systemic lupus erythematosus cohort: focus in nephrotic, cardiovascular and neurological aspects

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Introduction:

Over years, the disease activity in systemic lupus erythematosus (SLE) patient fluctuates and causes target organ damage. Vital organ damage of SLE includes kidney, cardiac and neurology involvement. The goal of this study was to explore the clinical makers in SLE patient with different clinical presentations of lupus nephritis, cardiovascular (CV) diseases, central neurological system (CNS) and also the monocyte percentage elevation (>10%), which represents hematological involvement.

Method:

Patients with a definitive diagnosis of SLE who were followed at the Rheumatology Department at Chang-Gung Memorial Hospital, Kaohsiung for more than 6 months were prospectively evaluated. The diagnostic criteria for SLE were based on the 1997 revision of the 1982 American College of Rheumatology classification criteria for SLE, while clinical assessment of SLE disease activity was based on the SLE disease activity index. in this prospective observational study. Clinical evaluations include measurement of disease activity and collecting clinical laboratory data. The comparisons of clinical data between patients with and without nephritis, CV diseases, CNS presentation and monocyte percentage changes were done.

Result:

A total of 91 patients with SLE were enrolled in this prospective observational study. Lower monocyte percentage and younger age in SLE patients were found to be associated with lupus nephritis. Normal range monocyte percentage ($\leq 10\%$) is associated with older age (31.46 ± 16.94 years old vs. 16.18 ± 4.915 years old), higher leukocyte count (6.536 ± 3.193 vs. 4.245 ± 0.874), and lower C4 levels (15.98 ± 7.90 vs. 27.52 ± 37.10) (all $p < 0.05$), and which depicted the general hemogram condition of SLE patients. The low complement C3 levels in SLE patients are associated with CV and CNS involvement. (both $p < 0.05$)

Conclusion:

This study provides some evidence of linkages between monocyte percentage and traditional biomarkers such as anti-dsDNA, C3, C4 during disease flare up with vital organ involvement.