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MODERN DIAGNOSTIC METHODS OF SYSTEMIC LUPUS ERYTHEMATOSUS.

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Abstract:

In this article, the problem of systemic lupus erythematosus and its timely detection and diagnosis, as well as timely initiation of treatment measures, improvement of the future quality of life of patients and reduction of disability and death, and their solutions were discussed

Keywords: laboratory tests, biochemical analysis, diagnosis, immunoglobulin, connective tissue, anemia, polyorgan failure, butterfly erythema.

RELEVANCE OF THE TOPIC: Systemic diseases of connective tissue in patients are one of the urgent problems in rheumatology. In recent years, the increase of systemic lupus erythematosus among systemic diseases of connective tissue and the development of disability in patients show the relevance of this disease. The fact that it causes disability and, in many cases, leads to death in patients shows that this disease is a medical rather than a social problem. Basically, this disease is caused by systemic damage to internal organs, and stage-by-stage damage to general internal organs causes polyorgan failure in patients in a short time. Therefore, it is important to diagnose this disease early and take treatment measures.

The purpose of the study is to study modern methods of diagnosis of systemic lupus erythematosus in patients. This allows us to diagnose the disease early and treat it in time.

RESEARCH MATERIALS AND METHODS. Patients treated with this disease in the rheumatology department of the regional multidisciplinary hospital were examined. All patients underwent clinical and laboratory instrumental examination methods. Laboratory tests included general blood analysis, detection of LE-cells, antinuclear presence of antibodies, detection of antinuclear factor, detection of antibodies against DNA, Sm-Ro-, La-antigens, presence of rheumatoid factor, when the immune system is checked, observation of deficiency state and changes in immunoglobulin fractions, S-reactive protein, ASLO, biochemical analysis of blood, UTT, EKG and EXOKG of internal organs were performed.

RESEARCH RESULTS. The main 70% of the patients in the study were women aged 14-40. The peak of the disease is 14-25 years old. The ratio of the disease in women to men is 10:1. will come. When studying the anamnesis of the development of the disease in patients, it was found that genetic predisposition to the disease, that is, the presence of diseases of the connective tissue system in close relatives, physiological sensitization of the body (violation of the immune-control process, the period of sexual development, the postpartum state, the climacteric period), meteorological conditions. In addition to the tests listed above, which in most cases are characteristic of systemic lupus erythematosus, the following indicators are important in determining the severity of the disease: dysproteinemia (especially high levels of γ-globulin), anemia, leukopenia, thrombocytopenia, increased ECHT, increased fibrinogen, high titer of seromucoid proteins, in some cases a positive Wasserman test.

Classification. Systemic lupus erythematosus can be acute, subacute and chronic depending on its clinical features. In its acute course, the disease begins suddenly, and for the first time many internal organs and tissues are damaged, as well as noticeable changes in laboratory indicators. As a rule, this course of the disease is rapidly progressing, and there is a high probability that the patient will die in the next few years. On the other hand, the acute course of systemic lupus erythematosus is manifested by the priority of signs of kidney and nervous system damage. The chronic course is relatively mild, the process begins slowly, and in most cases, signs of damage to a single organ (monosyndrome) are observed. But with the passage of certain years, the disease gradually damages other organs and tissues and creates a polysyndromal clinical picture. In addition, systemic lupus erythematosus is classified as mild (I), moderate (II) or maximal (III) activity based on exacerbation and remission periods, severity of the inflammatory process, and laboratory findings. .

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Clinical picture. The clinical presentation of systemic lupus erythematosus has a number of specific features and is actively progressing in a polysyndromal form, often causing an early deterioration of the patient's condition as a result of the rapid development of functional insufficiency of one or another internal organ. In most cases, the disease begins with general weakness, a rapid decrease in body weight and a long-term steady rise in temperature, joint syndrome, sometimes Raynaud's phenomenon, and then is characterized by inflammation of internal organs and systems. syndromes appear. Their appearance is mainly related to inflammations of the skin, joints, muscles, kidneys, heart and blood vessels, lungs, liver, gastrointestinal and psycho-nervous systems and serous membranes, and various diseases manifests itself in early manifestations. Among the above-mentioned changes in the skin, in most cases, the typical appearance of systemic lupus erythematosus is defined by the "butterfly"-shaped erythema of the face, cheeks and noseIn addition, especially in the chronic course of the disease, focal signs with a discoid character can be observed on the skin. In most cases, the skin has lupus-cheilitis (a hard and dry crust on the red part of the lip, sometimes ending in atrophy or erosion) and trophic changes (skin dryness, diffuse hair loss, fragility of the palate and deformation) is determined. Skin signs are associated with vascular inflammation (vasculitis), mainly edematous erythema, atrophy and telangiectasias on finger pads and palms, and bullous nodular, urticarial, hemorrhagic and papular-necrotic rashes on other parts of the body, and reticular and fissured ulcers, Raynaud's syndrome may appear. In turn, changes in the mucous layer are often manifested in the oral cavity in the form of enanthema and ulcers, that is, stomatitis. In systemic lupus erythematosus, joint syndrome is one of the symptoms that occurs in almost all cases, and it usually takes the form of polyarthralgia and polyarthritis. They are mostly symmetrical in nature and most often develop in the small and medium joints of the limbs and knees. During the active period of the disease, its symptoms are stable and long-lasting. Sometimes due to the combination of tendinitis and tendovaginitis, irreversible flexion contractures occur in the fingers. In the case of muscle inflammation (myalgia and myositis), patients are disturbed by pain in the legs and some limitation of movement. Renal damage in systemic lupus erythematosus is called lupus-nephritis and is characterized by a number of specific features, and early or late clinical manifestations in patients are of great importance for the direct outcome of the disease. On the basis of lupus-nephritis, diffuse or focal glomerulonephritis is manifested in the form of nephrotic syndrome, arterial hypertension, and in rare cases, limited urine syndrome (especially proteinuria). Lung damage is often observed on the basis of vasculitis, causing benign expectoration and dry cough. Alternatively, there is a possibility of the development of lupus-pneumonitis during the exacerbation of the disease, which sometimes ends with infiltrates in the lungs. In such cases, patients have fever, shortness of breath, and cough, and on X-ray (X-ray) there is an elevated position of the diaphragm and disc-like atelectasis in the basal parts of the lungs. Dry and exudative pleurisy, pericarditis, perihepatitis, perisplenitis and sometimes inflammation of the peritoneum can occur in case of damage to the serous membrane.

In TQV, all three layers of the heart are likely to be inflamed, mainly in the form of adhesive and rarely exudative pericarditis, myocarditis, and endocarditis, often ending in mitral regurgitation. In addition, when coronary inflammation develops due to inflammation of most vessels, there is a possibility of myocardial infarction. Damage to the gastrointestinal system can also be manifested in different forms, and along with dilatation of the esophagus and its motility disorders, ischemia of the stomach and intestines, and in some cases, perforation can be observed. In addition to the above-mentioned syndromes, other symptoms related to inflammation of the internal organs and reticuloendothelial system, including anemia and Werlgof's syndrome, are important factors in the course and prognosis of the disease.

Treatment includes glucocorticosteroids, intensive therapy, pulse therapy, IVF, plasmapheresis, hemosorption, and hemodialysis. Nowadays, the prognosis of systemic lupus erythematosus has improved significantly. After diagnosis, the life expectancy of patients after 10 years is 80%. 60% after 20 years. But the death rate is 3 times higher in the population.

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