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Juvenile lupus: Clinical and biological manifestations

Marwa Bekey ,Mawa Ben Brahim ,Sondess Arfa ,Olfa Berriche
Department of Rheumatology , Fattouma Bourguiba Hospital ,Monastir

❑ Introduction:

- Juvenile lupus is a chronic connective tissue disease.
- It affects the skin, mucosa, joints, heart, kidneys, and nervous system.
- It is characterized by dysregulation of the immune system.
- The disease presents a heterogeneous spectrum of clinical manifestations.

❑ Aim:

- To analyze the clinico-biological and evolutionary characteristics of lupus in the pediatric population.

❑ Methods:

- A retrospective descriptive study was conducted in the Department of Internal Medicine.
- It included cases of childhood SLE followed over an 11-year period, from 2013 to 2024.

❑ Results:

- Six cases of juvenile lupus were collected.
- All cases were girls.
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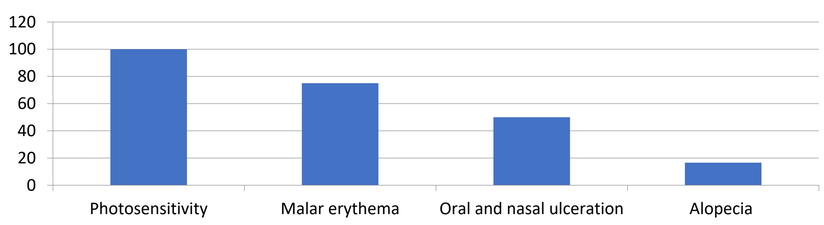
The mean age of symptom	**13.8 years**
The mean age at diagnosis	15.6 years
The average diagnosis delay	1.8 years

➢ Clinical presentation:

- Dominated by mucocutaneous and osteoarticular involvement.

➢ Skin manifestations:



➢ Osteoarticular manifestations:

- Non-erosive arthritis in 33%.
- Inflammatory arthralgia in 83%.
- Large joints affected in 80%.
- Both large and small joints affected in 20%.

➢ General symptoms:

- Observed in 29.75% of cases.

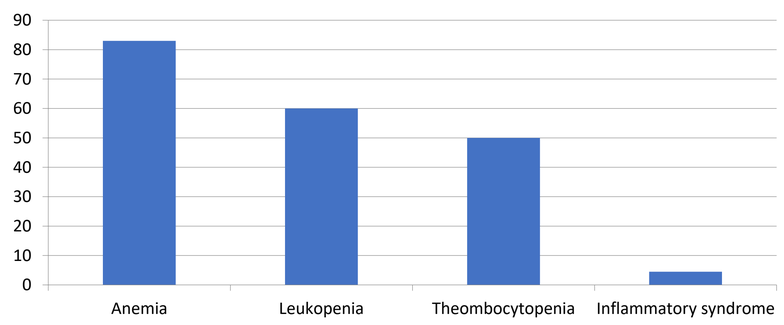
➢ Other organ involvement:

- Lupus nephropathy was noted in 1 girl.
- No neuropsychiatric manifestations were observed in these 6 patients.
- Cardiac involvement (e.g., pericarditis) was found in 40%.
- Two pulmonary disorders were reported:
  - Pleurisy in one patient.
  - Interstitial lung disease (PID) in another.

➢ Special case – infantile lupus:

- Early onset and atypical presentation.
- Associated lymphoproliferation, recurrent infections, and macrophage activation syndrome.
- Macrophage activation syndrome was observed in 33% of cases.

➢ Laboratory findings:



➢ Immunological tests:

- ANA positive in all cases.
- Native anti-DNA antibodies positive in 5 cases.
- Nucleosome antibodies and anti-Sm antibodies positive in one case each.
- Complement abnormalities found in 66.6% of cases.

➢ Treatment:

- Synthetic antimalarials were prescribed for all patients.
- Oral corticosteroids were used in 5 patients.
- Immunosuppressive therapy was necessary in 3 patients.
- Immunoglobulins were administered to 3 patients.

➢ Progression:

- Favorable in most cases.
- Remission in 66% of patients.
- Average number of hospitalizations: 2.
- Average SLEDAI score: 9.8.
- No deaths were reported.

❑ Conclusion:

- SLE is a rare autoimmune disease in children.
- Its clinical presentation is polymorphous and often misleading.
- This may lead to delayed diagnosis and treatment.
- The disease course is generally more severe than in adults.
- Rapid and appropriate treatment is essential.