Internacionalni medicinski časopis iz oblasti biomedicinskih nauka International medical journal in the field of biomedical sciences
Medicinska reč **Medical Word**

APSTRAKT 3S 2024; 5(3): 84–84 ABSTRACT 3E

Život i borba sa lupusom
Life and Struggle with Lupus

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Apstrakt

Lupus ili sistemski erimatozni lupus (SLE) je autoimuno oboljenje, nejasne etiologije, koje se odlikuje brojnim imunskim poremećajima, a može se ispoljiti kao promene na koži, zglobovima, serozama, centralnom nervnom sistemu i bubrezima. Tada imuni sistem postane hiperaktivan i napada zdravo tkivo. Genetski faktori, pol, rasa, poremećaj imunskog sistema, infektivni agensi i medikamenti imaju značajnu ulogu u patogenezi ovog oboljenja.

Jedna od najozbiljnijih komplikacija je lupus nefritis. Lupus nefritis je glavni uzrok morbiditeta i mortaliteta bolesnika sa sistemskim eritemskim lupusom.Oštećenjebubrega se javlja kod 60% pacijenata koji boluju od SLE, a kod 10%–20% bolesnika sa oštećenjem bubrega nastaje terminalni stadijum hronične slabosti bubrega. Ovo se dešava kada SLE uzrokuje da imunološki sistem napada bubrege tj. delove bubrega koji filtriraju krv za otpad. Simptomi lupus nefritisa su slični simptomima drugih bubrežnih bolesti. To su tamni urin, krv u urinu, penasti urin, često mokrenje (posebno noću), oticanje stopala, gležnjeva, visok pritisak.

Dijagnoza se postavlja na osnovu laboratorijskih analiza, sakupljanja dvadesetčetvoročasovnog urina, testova urina i biopsije bubrega i kriterijuma ACR (American College of Rheumatology). Imunokompleksi DNA-anti-DNAantitela imaju značajnu ulogu u patogenezi sistemskog eritemskog lupusa i lupus nefritisa. Visok titar antidsDNA-antitela, anti-Sm-antitela i anti-C1q-antitela sa velikom senzitivnošću i specifičnošću ukazuje na razvoj lupus nefritisa kod bolesnika sa sistemskim eritemskim lupusom. Upotreba agresivne imunosupresivne terapije popravlja preživljavanje bolesnika sa sistemskim eritemskim lupusom.

Novi terapijski protokoli treba da omoguće remisiju bolesti, kao i manju citotoksičnost u odnosu na standardnu, konvencionalnu terapiju. Rano otkrivanje sistemskog eritemskog lupusa i lupus nefritisa omogućava pravovremenu primenu odgovarajuće terapije, sprečava progresiju bolesti i razvoj završnog stadijuma hronične slabosti bubrega, smanjuje morbiditet i mortalitet i poboljšava kvalitet života ovih bolesnika.Bolest je hronična, sa progresivnim tokom, i danas se, po pravilu, više ne smatra smrtonosnom. Značajno bolja prognoza bolesti u novije vreme jeste rezultat ranijeg otkrivanja bolesti i napretka lečenja.

Abstract

Lupus or systemic lupus erythematosus (SLE) is an autoimmune disease of unclear etiology, which is characterized by numerous immune disorders and can be manifested as changes in the skin, joints, serosas, central nervous system, and kidneys. Then the immune system becomes hyperactive and attacks healthy tissue. Genetic factors, sex, race, disorder of the immune system, infectious agents, and medications play a significant role in the pathogenesis of this disease.

One of the most serious complications is lupus nephritis. Lupus nephritis is the main cause of morbidity and mortality in patients with systemic lupus erythematosus. Kidney damage occurs in 60% of patients suffering from SLE, and in 10%-20% of patients with kidney damage, the terminal stage of chronic kidney failure occurs. This happens when SLE causes the immune system to attack the kidneys, i.e. parts of the kidney that filter blood for waste. Symptoms of lupus nephritis are similar to symptoms of other kidney diseases. These are dark urine, blood in the urine, foamy urine, frequent urination (especially at night), swelling of the feet, and ankles, and high blood pressure.

The diagnosis is made based on laboratory analysis, twenty-four-hour urine collection, urine tests, kidney biopsy, and ACR (American College of Rheumatology) criteria. DNA-anti-DNAantibody immunocomplexes play a significant role in the pathogenesis of systemic lupus erythematosus and lupus nephritis. A high titer of anti-dsDNA-antibodies, anti-Sm-antibodies, and anti-C1q-antibodies with high sensitivity and specificity indicates the development of lupus nephritis in patients with systemic lupus erythematosus. The use of aggressive immunosuppressive therapy improves the survival of patients with systemic lupus erythematosus.

New therapeutic protocols should enable remission of the disease, as well as lower cytotoxicity compared to standard, conventional therapy. Early detection of systemic lupus erythematosus and lupus nephritis enables the timely application of appropriate therapy, prevents the progression of the disease and the development of the final stage of chronic kidney weakness, reduces morbidity and mortality, and improves the quality of life of these patients. The disease is chronic, with a progressive course, and today, as a rule, no longer considered lethal. The significantly better prognosis of the disease in recent times is the result of earlier detection of the disease and the treatment progress.

XX Kongres Nacionalne asocijacije udruženja zdravstvenih radnika Srbije (NAUZRS) sa međunarodnim učešćem, Vrnjačka Banja, 10–13. oktobar 2024.
XX Congress of the National Association of Health Workers of Serbia (NAHWS) with International Participation, Vrnjačka Banja, 10th–13th October 2024