AUTOIMMUNE CONNECTIVE TISSUE DISEASES

SKIN SIGNS IN JUVENILE- AND ADULT-ONSET SYSTEMIC LUPUS ERYTHEMATOSUS; CLUES TO DIFFERENT SYSTEMIC INVOLVEMENT

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Background: Juvenile (j)- and adult (a)-onset systemic lupus erythematosus (SLE) exhibited different clinical features and prognosis. Nevertheless, the differences in skin manifestations have not been fully explored.

Objective: We aim to explore the differences of skin signs between j- and a- SLE and to identify their associations to the development of systemic involvement.

Materials and Methods: A retrospective chart review of 377 SLE patients was performed.

Results: One hundred and seventy-one patients with jSLE and 206 with aSLE were studied. All patients were Southeast Asian. The mean duration of follow-up was 8.18 ± 6.19 and 9.36 ± 7.68 years for jSLE and aSLE, respectively. At diagnosis, most patients presented with acute cutaneous LE (ACLE), while chronic cutaneous LE was twice as common in aSLE ($p<0.001$). The mean SLEDAI of jSLE was significantly higher than that of aSLE (14.29 ± 7.13 vs 11.27 ± 6.53). Multivariate analysis revealed the following associations in jSLE; ACLE and non-scarring alopecia with increased risk of arthralgia, mucosal ulcers with leukopenia, cutaneous vasculitis with seizure and finding of granular casts. On the contrary, the associations for aSLE were as follows; oral ulcers with arthralgia, cutaneous vasculitis with myositis.

Conclusions: Cutaneous signs in SLE may signal prognostic implication. Interestingly, despite similar cutaneous lesions in SLE, different ages of onset are associated with different systemic involvement.