



Types of Lupus

1. Systemic Lupus Erythematosus – SLE

Most common and serious form of Lupus which is a chronic connective tissue disease. This disease may effect several body systems which is why it's called "systemic" and is also known as the "great imitator" because it mimics other illnesses.

Lupus can affect the skin (skin lesions and painful nodules that appear as raised bruises), joints (fingers, hands, wrists and knees) , kidneys, lungs, heart and the central nervous system.

SLE can range in severity and symptoms may come and go, the body undergoes phases of flares and the person with Lupus will suffer the aggressive effects and there are times when we experience quieter phases called remission. Some develop a rash over the cheeks and across the bridge of nose in a butterfly shape. Healthcare professionals call this a "malar rash".

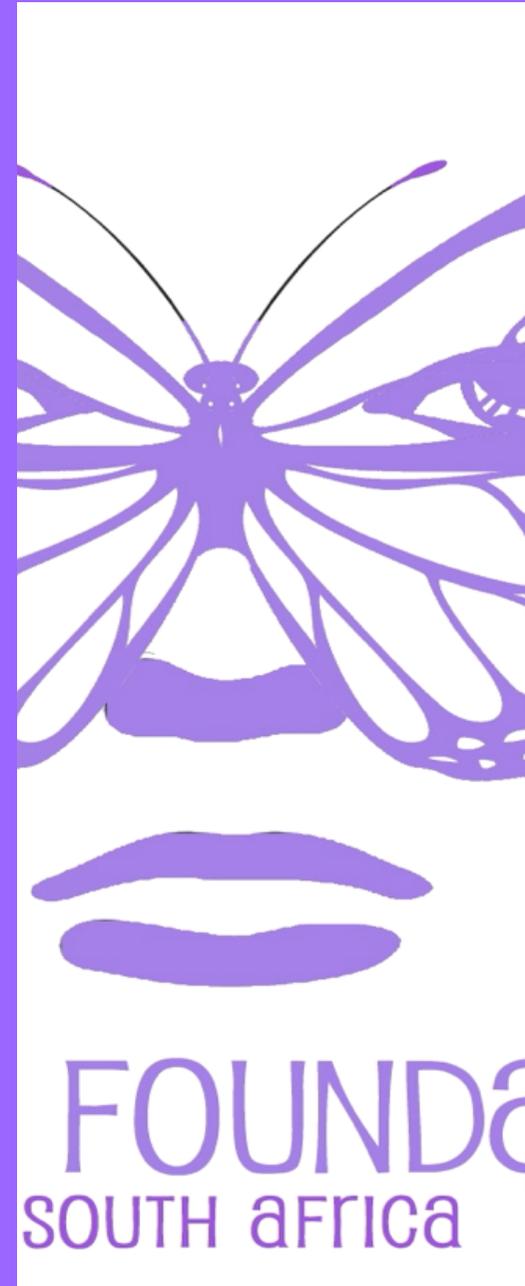
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2. Discoid Lupus Erythematosus - DLE

The most common form of chronic (long term) Cutaneous Lupus Erythematosus, mainly presents itself as a dermatological disease that is noticeable from hyperpigmentation changes of the skin known as melanin.

Exposure to the sun may trigger DLE thus making patients photosensitive and the rash may be red, flat or slightly raised, and can appear scaly.

It can also evolve into a larger disfiguring rash from the merging of several disc-shaped (discoid) patches called lesions. A small percentage of people who have cutaneous lupus will later develop systemic lupus. DLE causes a thick scaly rash on the face, neck and scalp and does not itch, after the rash subsides it leaves scarring to the face and scalp which can lead to hair loss as well e.g. Malar rash or butterfly rash



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3. Drug-Induced Lupus Erythematosus - DILE

This lupus is rare and is caused by taking certain prescription drugs for a long period of time. The most common medications linked to this form are isoniazid, hydralazine and procainamide yet there are common widespread of other medications that are also known to be a trigger or an onset of the disease.

Signs and symptoms usually disappear soon after your doctor discontinues that drug. It is imperative that you tell your doctor about all the medications you are taking and all the side effects. Signs and symptoms are joint pain (Arthralgia) and muscle pain (myalgia), Fatigue, Inflammation of the heart (pericarditis), and lung (pleuritis) Anti-histone antibodies in 95% of cases.

Similar to regular Systemic Lupus Erythematosus they are not as severe unless they are ignored and lead to harsh symptoms, and in some cases death.





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4. Neonatal Lupus Erythematosus – NLE

Neonatal Lupus occurs when the mother with certain kinds of Lupus antibodies (Ro and La) transfers them to her child during pregnancy. Please note that during pregnancy the foetus is unable to form antibodies on its own, this possess danger as we all need the immune systems to defend the body against the threat (viruses) or bacteria.

During pregnancy antibodies are circulated across the placenta into the bloodstream of the developing foetus. The movement of the maternal antibodies begins at about 12 to 14 weeks of pregnancy.

The foetus depends entirely on the maternal antibodies to fight against the bacteria; unfortunately the placenta cannot distinguish between antibodies and autoantibodies.



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4. Neonatal Lupus Erythematosus – NLE

There are no known reasons why the autoantibodies affect the very building block of the whole body system of the foetus and for unknown reasons in neonatal lupus the attacks is mostly targeted to the heart tissue, congenital heart block, skin, liver abnormalities , blood elements (low blood counts) and skin rash triggered by sun exposure.

If there are some of the symptoms mentioned above the parents should get professional help to check for liver abnormalities, low white blood cells and platelets, some of the symptoms may not be permanent.