

HOSPITALIZATION OF INDIVIDUALS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: AN ANALYSIS OF 84 PATIENTS

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BACKGROUND

We performed a retrospective study of our patients with SLE admitted to the hospital from January 1993 until December 2009.

METHODS

Patients with SLE attending clinics at the Department of Rheumatology were analyzed to determine how many of them required hospitalization for causes directly related to their disease, from January 1993 until December 2009. The following information was recorded: age, sex, time course of SLE, lupus involvement profile, number of admissions per patient, reasons for hospital admissions, and the outcome including the length of hospital stay, readmission, or death, on medical records and discharge reports for each patient. We also studied the reason for the first admission of patients.

RESULTS

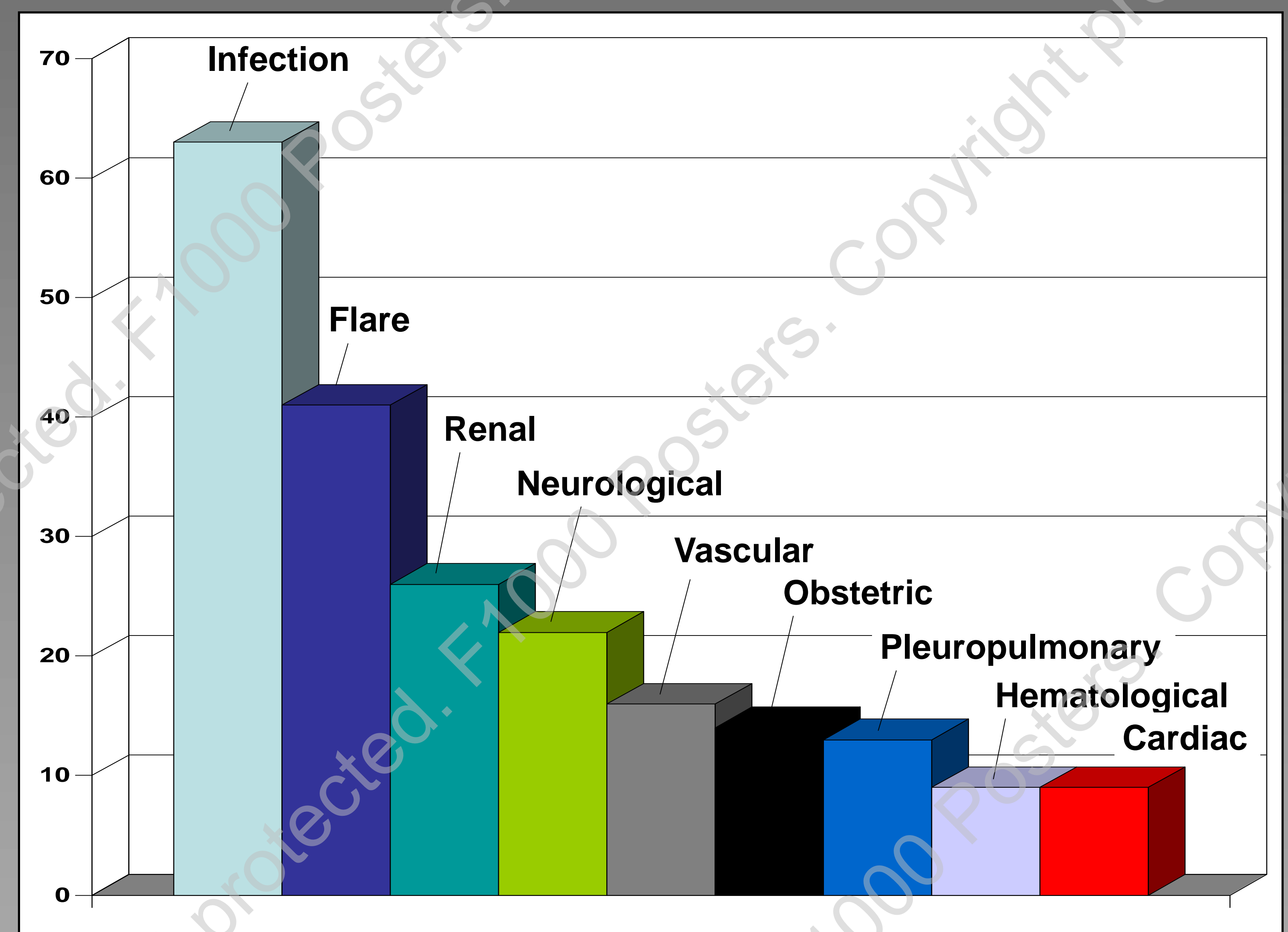
All 84 patients were identified from an electronic database, 75 were admitted at least once in relation to SLE, 68 were female with a mean age of 39 years. We obtained a total of 247 hospitalizations, this represent an average of 2.9 per patient, over 17 years, with a mortality rate of 2%. The median was 2 (1-31). The average length of stay was 13 days. Readmission occurred in 55,7% of all individuals. In order of frequency the reasons for admission were:

- Infection (63 episodes), including severe infections.
- Clinical flare without visceral involvement (41).
- Renal involvement (26).
- Neurologic disorder (22).
- Vascular involvement (16).
- Obstetric Pathology (14).
- Pleuropulmonary involvement (13).
- Hematologic involvement (9).
- Cardiac involvement (9).

With regard to the reason of the first admission, we obtained in order of frequency:

- Clinical flare without visceral involvement.
- Neurological symptoms.
- Renal disease.
- Respiratory symptoms.
- Hematological disorder.

PICTURE 1. Reasons for admission



CONCLUSION

Most SLE patients require hospitalization at any time of their evolution. In our cohort, initial admission related to SLE usually occurs 0-3 years after diagnosis (mean age 30-35 years) and it is basically due to lupus flare without visceral involvement, followed by neurological and renal impairment. However, in subsequent admissions, the most common reason was infection, followed by renal disease and neurological disorder. The presence of lupus nephritis and multisystem involvement increases the rate of readmission. Patients with very active disease at the initial stage should be monitored closely to begin early and aggressive treatment in order to avoid irreversible visceral damage.

PICTURE 2. Reasons for first admission

