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**Literature search results**

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**Search details**

Systemic lupus erythematosus and ophthalmology

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; EMBASE; MEDLINE

*Database search terms:* "systemic lupus erythematosus", eye*, LUPUS ERYTHEMATOSUS, SYSTEMIC, exp EYE

*Evidence search string(s):* "systemic lupus erythematosus" (eye OR eyes OR ocular)

**Summary**

I searched both Medline and EMBASE using just two search terms (and their MeSH and EMTREE subject headings) and narrowed by date and English language. Medline gave me 66 results and EMBASE gave 186 (so quite a few in the last three years). I’ve narrowed these down by relevance to a list of 55. I’ve saved the original search so that you can see the full results when we have our training session. We could also add in “ocular” as a key word which would give you more results.

**Guidelines and Policy**

*Australian Family Physician*

*Systemic lupus erythematosus - when to consider and management options*, 2013
Evidence-based reviews
Arthritis Research UK
Overview of the management of systemic lupus erythematosus: Topical Reviews, 2013

Published research – Databases

1. Polypoidal choroidal vasculopathy and systemic lupus erythematosus.
   **Author(s)** Chin Y, Bhargava M, Khor C, Cheung C, Wong T
   **Citation:** Lupus, 2014, vol./is. 23/3(319-22), 0961-2033;1477-0962 (2014)
   **Publication Date:** 2014
   **Abstract:** Systemic lupus erythematosus (SLE) associated with antiphospholipid syndrome can have ocular complications. We report a 44-year-old Chinese lady with recurrent relapses of SLE and antiphospholipid syndrome with high disease activity, presenting with visual distortion in her right eye for 2 months. There was subretinal hemorrhage in her right eye, confirmed on investigations to be choroidal neovascularization secondary to a variant of age-related macular degeneration known as polypoidal choroidal vasculopathy (PCV). Anti-vascular endothelial growth factor therapy resolved her eye condition. SLE could be associated with PCV via common mechanisms, including complement pathway activation and vasculitis involving the choroidal circulation.
   **Source:** Medline
   Available in fulltext at Lupus; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
   Available in fulltext from Lupus at EBSCOhost
   Available in fulltext from Lupus at EBSCOhost

2. Microvascular findings in patients with systemic lupus erythematosus assessed by fundus photography with fluorescein angiography
   **Author(s)** Lee J.-H., Kim S.-S., Kim G.-T.
   **Citation:** Clinical and Experimental Rheumatology, November 2013, vol./is. 31/6(871-876), 0392-856X;1593-098X (November/December 2013)
   **Publication Date:** November 2013
   **Abstract:** Objective: Although a series of trials support systemic lupus erythematosus (SLE) is associated with increased atherosclerosis and cardiovascular events, the link between microvascular structural change and the disease activity of SLE is not defined. We measured retinal microvasculature change by fundus photography with fluorescein angiography (FAG) and investigated the association between retinal vasculature and clinical parameters of SLE. Methods: Fifty SLE patients and fifty healthy controls were included. Morphometric and quantitative features of the capillary image including retinal vascular sign and vessel diameters were measured with fundus photography and FAG. Information concerning SLE duration, cumulative dose of steroids and/or immunosuppressive drug intake was recorded, and autoantibodies were checked. SLE activity was assessed by SLE disease activity index (SLEDAI). Results: The mean central retinal arteriolar equivalent (CRAE) was 89.7±14.5 mum in SLE patients, showing narrower arteriole than that of controls (102.2±11.3 mum). The mean central retinal venular equivalents (CRVE) was 127.7±14.8 mum in SLE patients, also, narrower than that of controls (144.1±14.2 mum), but both reached no statistical significance (p=0.154, p=0.609, respectively). Retinopathy was found in 26% of SLE patients. SLE patients with retinopathy were older than those without it, but reached no statistical significance. Disease duration, antidsDNA, and complement levels had no effect on the presence of retinopathy. SLE patients with
3. Dacryoadenitis as first presenting feature in systemic lupus erythematosus

**Author(s)** Al-Busaidi T., Wali U., Al-Shirawi A., Al-Mujaini A.

**Citation:** Lupus, November 2013, vol./is. 22/13(1431-1432), 0961-2033;1477-0962 (November 2013)

**Publication Date:** November 2013

**Source:** EMBASE

Available in full text at *Lupus*; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

Available in full text from *Lupus* at **EBSCOhost**

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4. Overcoming the barriers to adequate hydroxychloroquine retinal toxicity screening

**Author(s)** Arriens C., Solow E.B.

**Citation:** Arthritis and Rheumatism, October 2013, vol./is. 65/(S80), 0004-3591 (October 2013)

**Publication Date:** October 2013

**Abstract:** Background/Purpose: Hydroxychloroquine (HCQ) is considered a minimal risk drug in the treatment arsenal for rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), and other rheumatic diseases; however it has a well-documented risk of retinal toxicity in approximately 1% of patients following 5 years of use. Adequate ophthalmologic examination monitoring can limit the impact of toxicity on vision by early detection. The American College of Rheumatology's position statement regarding screening for HCQ retinopathy recommends baseline ophthalmologic examination within the first year of treatment and annual examinations after 5 years of therapy as the minimum for healthy patients. It was recognized that multiple patients in a busy county hospital system receiving treatment with HCQ lacked retinopathy screening exams. A quality improvement project to ascertain the factors that lead to failure within this system was devised with the goal of improving compliance with the accepted guidelines. Methods: In this busy county hospital outpatient rheumatology clinic we performed a chart review to evaluate provider, patient, and system factors to determine where the level of breakdown in achieving baseline eye examinations occurred. A referral to ophthalmology clinic was required for the provider to adequately fulfill their role. A scheduled appointment with ophthalmology was required for the system to meet its responsibility. The patients' role was assessed by their appointment attendance. A physician initiated, patient driven intervention was instituted in which rheumatology physicians provided the ophthalmology clinic phone number and asked the patient to call to schedule their appointment. Compliance with screening guidelines was re-assessed 1 year later. Results: The average age of the 60 patients was 48 years and included 30 RA, 20 SLE, and 10 other connective tissue diseases. Prior to the intervention, 32 patients (53%) had completed a baseline retinal toxicity exam, 2 (3%) were not referred, 6 (10%) had no-showed an appointment, and 20...
had a referral without an appointment scheduled. Failure occurred at the system level. Following the intervention, of the 53 patients still taking HCQ, now 36 (68%) had completed their screening visit, 0 (0%) were not referred, 1 (0.2%) had no-showed, and 16 (30%) were referred with no appointment. Pre-intervention 25 of the remaining 53 were compliant with screening examination and eleven more patients became compliant postintervention, a statistically significant improvement determined by McNemar's test (p=0.0026). Conclusion: In this quality improvement project the major barrier to patients receiving baseline eye exams for HCQ toxicity was found to be a system issue. The physician-initiated, patient driven intervention was successful in improving compliance in the 1 year time frame of study. In addition to this intervention, future efforts will be aimed at inter-departmental communication and education between ophthalmology and rheumatology regarding the necessity of timely retinal evaluations.

Source: EMBASE
Available in fulltext from Arthritis and Rheumatism at the ULHT Library and Knowledge Services' eJournal collection

5. Ocular manifestations in a newborn from a pregnancy complicated by an antiphospholipid syndrome--a case report.

Author(s): Modrzejewska M, Michalak A, Szmigiel O, Ostanek L, Ronin-Walknowska E, Lubinski W

Citation: Ginekologia Polska, October 2013, vol./is. 84/10(888-91), 0017-0011;0017-0011 (2013 Oct)
Publication Date: October 2013

Abstract: The paper presents a case of ophthalmologic manifestations, episcleritis and retinal branch vein thrombosis, in a neonate born to a mother with antiphospholipid syndrome (APS) in the course of systemic lupus erythematosus. Female neonate (birth weight 1150 g, Apgar scores 6, 7 and 7) was born with respiratory distress syndrome, moderate anemia and grades I and II intraventricular hemorrhage. Ophthalmic examination revealed an enormous preretinal hemorrhage with accompanying thrombotic changes typical of retinal vein in the fundus of the left eye. Episcleritis was found in the anterior segment of the eye and later confirmed by ultrasound. Laboratory tests showed increased levels of maternal antibodies aCL IgG, antybeta2GP1 IgG and antybeta2GP1 IgM. No ANA, LA and SS-A/SS-B antibodies were detected. Increased concentrations of aCL IgG and a lengthening APTT were observed in newborn blood at first but the parameters normalized by 6 months of age. Our observations allowed us to conclude that early examination of neonates born to mothers with antiphospholipid syndrome is essential as it allows fast identification of pathological retinal changes by means of assessing the presence of aPL antibodies.

Source: Medline

6. Analysis of the prevalence of cataracts and glaucoma in systemic lupus erythematosus and evaluation of the rheumatologists’ practice for the monitoring of glucocorticoid eye toxicity.

Author(s): Carli L, Tani C, Querci F, Della Rossa A, Vagnani S, Baldini C, Talarico R, d’Ascanio A, Neri R, Tavoni AG, Bombardieri S, Mosca M

Citation: Clinical Rheumatology, July 2013, vol./is. 32/7(1071-3), 0770-3198;1434-9949 (2013 Jul)
Publication Date: July 2013

Abstract: Chronic glucocorticoid (GC) therapy is associated with an increased risk of developing cataracts and glaucoma, and recommendations have been developed for monitoring these side effects in patients with rheumatic diseases. The aim of this study was to assess the prevalence of cataracts and glaucoma and the adherence to the existing recommendations for monitoring eye toxicity of
chronic GC therapy among systemic lupus erythematosus (SLE) patients in routine clinical practice. Clinical charts of 170 patients were examined, and 34 (20%) of them never underwent an eye assessment. The remaining 136 underwent an eye assessment with an interval of 75 ± 61.7 months. Only 45 (33%) had received an evaluation during the previous 12 months. All these 170 patients were taking chronic CG therapy at a mean daily dose of 5.4 ± 2.4 mg prednisone and a mean cumulative dose of 27.6 ± 20.5 g. Out of the 136 patients with at least one eye assessment, cataracts were observed in 39 patients (29%) and glaucoma in 4 patients (3%). Cataracts were diagnosed at a mean age of 46.5 ± 10 years; the development of cataracts was associated with age, disease duration, and cumulative GC dose. Glaucoma was diagnosed at a mean age of 40.5 ± 16 years; due to the small number of patients, no correlations were made. The prevalence of cataracts and glaucoma is higher than in the general population, and these conditions occur early in the life of SLE patients. An association between GC and cataracts is confirmed. The adherence to recommendations is suboptimal as only 33% of patients underwent an eye assessment over the previous 12 months. These data reinforce the need to improve adherence to recommendations for eye monitoring among SLE patients under chronic therapy with GC.

Source: Medline


Author(s) Nishiguchi KM, Ito Y, Terasaki H
Citation: Lupus, June 2013, vol./is. 22/7(733-5), 0961-2033;1477-0962 (2013 Jun)
Publication Date: June 2013
Abstract: Severe retinal vascular occlusions resulting in blindness is a rare occurrence in patients with systemic lupus erythematosus (SLE). Herein, we report a case of a 33-year-old female who developed combined central retinal artery occlusion, retinal vein occlusion, and choroidopathy and rapidly became completely blind in both eyes within a week. The electroretinogram revealed a severely attenuated a-wave and b-wave, indicating a profound dysfunction of both choroidal and retinal circulation, respectively. The current case demonstrates objectively the functional impact of severe choroidopathy in SLE for the first time. Patients with unilateral blindness due to combined retinal/choroidal vascular obstructions should be monitored carefully to ensure adequate anticoagulant therapy in an attempt to guard the vision in the fellow eye.

Source: Medline
Available in fulltext at Lupus; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library. Available in fulltext from Lupus at EBSCOhost
Available in fulltext from Lupus at EBSCOhost


Author(s) El-Shereef RR, Mohamed AS, Hamdy L
Citation: Rheumatology International, June 2013, vol./is. 33/6(1637-42), 0172-8172;1437-160X (2013 Jun)
Publication Date: June 2013
Abstract: The purpose of this study is to determine the ocular manifestations of systemic lupus erythematosus and its correlation with the disease activity. Fifty-two lupus patients and 20 healthy controls were included in this study. All patients have undergone complete rheumatological, neurological, and ophthalmic examination including visual acuity, slit-lamp examination of the anterior segment, and dry eye evaluation using Rose Bengal stain and Schirmer test. Fundus examination and fundus photography were done to the suspected cases. Eighteen patients (34.6%)
had ocular lesion, from which only 13 (25%) patients were symptomatic. Keratoconjunctivitis was the most common ocular lesion. There was a highly statistically significant difference between patients and controls as regarding all ocular lesions ($P > 0.0001$). There was good correlation between disease activity index and presence of ocular lesion. Ocular manifestations are common in SLE patients. Lupus retinopathy may reflect systemic, particularly CNS, vascular damage.

Source: Medline

9. Retinal artery embolization complicating Libman-Sacks endocarditis in a systemic lupus erythematosus patient

**Author(s)** Marta L., Pitta M.L., Peres M., Ferreira V., Puga M.C., Severino D., Da Silva G.F.

**Citation:** Revista Portuguesa de Cardiologia, April 2013, vol./is. 32/4(345-347), 0870-2551 (April 2013)

**Publication Date:** April 2013

**Abstract:** Libman-Sacks endocarditis (LSE) is the most characteristic cardiac manifestation of systemic lupus erythematosus (SLE). It is usually clinically silent but heart failure due to valvular dysfunction, secondary infective endocarditis and embolic phenomena can complicate valvular abnormalities. We present a patient with SLE and blindness due to right central retinal artery occlusion. Echocardiography examination revealed a verrucous vegetation on the posterior mitral valve leaflet consistent with LSE. Anticoagulation therapy was started. Echocardiography regression of the vegetation was observed and there has been no recurrence of thromboembolic events to date. 2012 Sociedade Portuguesa de Cardiologia Published by Elsevier Espana, S.L. All rights reserved.

Source: EMBASE

10. Bilateral periorbital edema: Debut of systemic lupus erythematosus

**Author(s)** Angulo L., Rubio B., Zarco C., Postigo C., Dia Maronas L., Álegria V.

**Citation:** Journal of the American Academy of Dermatology, April 2013, vol./is. 68/4 SUPPL. 1(AB69), 0190-9622 (April 2013)

**Publication Date:** April 2013

**Abstract:** The bilateral eyelid edema is a cutaneous sign associated with multiple etiologies, such as infections, tumors, trauma, facial dermatitis, and autoimmune diseases. Dermatomyositis is the best known within autoimmune diseases, but periorbital edema has also been described as a cutaneous manifestation of lupus erythematosus more frequently in ethnic skin. To date, there are only 18 cases reported in the literature of SLE and 10 of them are the beginning of the disease. A 42-year-old woman presented with a 2-month history of asymptomatic, bilateral swelling of her eyelids and cheeks. As accompanying symptoms, the patient had more severe fatigue in the last 2 weeks with arthralgia in several joints and diarrhea with no pathologic products. Additional tests highlight leukopenia, neutropenia, proteinuria in the borderline significance with traces of blood in the urine sediment and high IgG hypergammaglobulinemia. Autoimmunity tests showed ANA positive 1/640, anti-DNA positive 1/50, anti Sm positive, anti-RNP positive, Anti-Ro positive and anti-La positive. Therefore, the patient met criteria for systemic lupus erythematosus according to the classification of the <<American College of Rheumatology.>> The clinical and laboratory tests allowed to exclude other diseases associated eyelid edema. In conclusion, we emphasize the unusual presentation of lupus erythematosus by bilateral periorbital edema, especially in people of color where it is more difficult to assess the erythema.

Source: EMBASE
11. The spectrum of inflammatory ocular involvement in systemic lupus erythematosus in a multidisciplinary uveitis unit

**Author(s)** Pelegrin L., Montehermoso A., Figueres M., Sainz de la Maza M.T., Sanchez-Dalmau B., Llorens V., Molins B., Mesquida M., Cervera R., Espinosa G.

**Citation:** Lupus, March 2013, vol./is. 22/1(144), 0961-2033 (March 2013)

**Publication Date:** March 2013

**Abstract:** Purpose: To describe the inflammatory ocular manifestations of patients with systemic lupus erythematosus (SLE) at a multidisciplinary uveitis unit.

Methods: Retrospective chart review of patients with SLE in a tertiary referral center between 2007 and 2012 was performed. All patients have undergone complete rheumatologic and ophthalmologic examination including visual acuity, slit-lamp examination of the anterior segment and fundus examination. Fluorescein angiography and optical coherence tomography were performed if they were required. Results: Twenty-two patients presented inflammatory ocular manifestations related to SLE. All patients complained of ophthalmologic disturbances with blurry vision and ocular redness as the most common symptoms. A decrease in the visual acuity was detected in 15 patients (68.2%) mostly due to retinal involvement, optic neuritis and anterior uveitis. Anterior uveitis was found in 7 patients (31.8%), intermediate uveitis in 1 patient (4.5%) and diffuse scleritis in 4 patients (18.2%). Changes in retina were found in 7 patients (31.8%); the most frequent was retinal vein occlusion (central retinal vein occlusion in 2 patients and branch retinal vein occlusion in 2 patients) followed by hypertensive retinopathy with serous retinal detachment in 1 patient, occlusive vasculopathy in 1 patient and central serous choroidopathy due to corticosteroids in 1 patient. Three patients (13.6%) showed neuro-ophthalmological symptoms, 1 patient showed rotatory nystagmus related to central nervous system involvement, 1 patient showed optic neuritis and the remaining presented bitemporal hemianosy. Conclusions: Ocular manifestations in SLE can affect any structure in the eye. The most visually devastating damage occurs secondary to optic nerve involvement and retinal vaso-occlusion. Anterior uveitis is not an uncommon manifestation of SLE; physicians must be aware of this involvement since it can be treated without serious visual loss.

**Source:** EMBASE

Available in fulltext at Lupus; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

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12. Bilateral sequential trochleitis as the presenting feature of systemic lupus erythematosus.

**Author(s)** Fonseca P, Manno RL, Miller NR

**Citation:** Journal of Neuro-Ophthalmology, March 2013, vol./is. 33/1(74-6), 1070-8022;1536-5166 (2013 Mar)

**Publication Date:** March 2013

**Abstract:** A 26-year old woman presented with headache and pain in the left superonasal orbit, which worsened with vertical eye movements. She had no relevant medical history, and ophthalmologic evaluation was unremarkable. An orbital ultrasound showed enlargement of soft tissue in the region of the left trochlea consistent with trochleitis. Treatment with prednisone and multiple local injections of corticosteroids and analgesic nerve blocks failed to relieve her symptoms. The patient subsequently experienced right trochleitis, and 2 years after the onset of her initial symptoms, she developed systemic symptoms and signs that led to a diagnosis of systemic lupus erythematosus (SLE). Systemic immunosuppressive therapy was instituted, and the patient experienced marked...
relief in her ophthalmic symptoms. This case is unique in that not only bilateral sequential trochleitis was the presenting feature of SLE but also the ocular manifestations preceded the systemic manifestations of SLE by over 2 years.

**Source:** Medline

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**13. Retinal vasculitis in rheumatic diseases: an unseen burden.**

**Author(s):** Androudi S, Dastiridou A, Symeonidis C, Kump L, Praidou A, Brazitikos P, Kurup SK

**Citation:** Clinical Rheumatology, January 2013, vol./is. 32/1(7-13), 0770-3198;1434-9949 (2013 Jan)

**Publication Date:** January 2013

**Abstract:** Retinal vascular inflammation, a potentially blinding condition (herein: retinal vasculitis (RV)) is commonly associated with a heterogeneous group of diseases characterized by systemic inflammatory cell infiltration and/or necrosis of blood vessel walls. RV may arise as an isolated ocular disorder, as part of systemic vasculitis (Wegener’s granulomatosis and Adamantias-Behcet Disease), or it can be secondary to an underlying connective tissue disease (systemic lupus erythematosus, sarcoidosis, and rheumatoid arthritis), systemic infection, or malignancy. Depending on the type of RV, it can be a potentially disabling condition, in the short or long term. Early diagnosis is the key to successful treatment and better prognosis. However, early diagnosis can be difficult, because these conditions usually present with nonspecific visual symptoms for a long period before diagnostic manifestations occur. The retina should be examined in warranted patients with verified rheumatic disease, since retinal vasculitis may be asymptomatic at the beginning (peripheral retinal disease). RV can be detected clinically (often accompanied by uveitis, scleritis, or macular edema) or revealed on fluorescein fundus angiography, even if minimal signs of retinal vessel inflammation are present. RV may also represent one of the possible extra-articular manifestations of the rheumatic disease. Rheumatologists should be familiar with the ocular manifestations of these disorders, since they may not only be sight-threatening, but more importantly, could be the presenting or even the very first manifestations of active, potentially lethal systemic disease in a patient with nonspecific rheumatologic presentation.

**Source:** Medline

Available in **fulltext** from Clinical Rheumatology at EBSCOhost
Available in **fulltext** at Clinical Rheumatology. Collection notes: On first login to a ProQuest journal you will need to select "Athens (OpenAthens Federation)" from Select Region, and then "NHS England" from Choose your Library. Available in **fulltext** from Clinical Rheumatology at EBSCOhost

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**14. Intravitreal bevacizumab for severe vaso-occlusive retinopathy in systemic lupus erythematosus.**

**Author(s):** Lee WJ, Cho HY, Lee YJ, Lee BR, Shin JP

**Citation:** Rheumatology International, January 2013, vol./is. 33/1(247-51), 0172-8172;1437-160X (2013 Jan)

**Publication Date:** January 2013

**Abstract:** Severe vaso-occlusive retinopathy is a relatively rare form of retinopathy in systemic lupus erythematosus (SLE). We report two patients with severe vaso-occlusive retinopathy in SLE who were treated with intravitreal bevacizumab (IVB). (Patient 1) A 35-year-old woman presented with left visual loss and was diagnosed with SLE after systemic evaluation. Despite systemic immunosuppressive therapy, retinal vascular obstruction progressed and neovascularization of the disk (NVD) developed. The patient was treated with IVB and pan retinal photocoagulation. The progression of vascular obstruction ceased and regressed. (Patient 2) A 24-year-old man with SLE presented with left visual loss. There was retinal vascular...
obstruction with macular edema in both eyes, and then the patient was treated with IVB. One month after injection, minimal capillary nonperfusion increased to 10 disk area, and 5 months later, neovascularization elsewhere (NVE) developed in the right eye. Six months after injection, vitreous hemorrhage with florid NVE and NVD developed in the left eye. In selected severe vaso-occlusive retinopathy in SLE patients, IVB may be an adjuvant option for treatment.

**Source:** Medline

Available in fulltext from *Rheumatology International* at [EBSCOhost](https://link.ebscohost.com)

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**15. Essential trichomegaly: case report.**

**Author(s)** Rossetto JD, Nascimento H, Muccioli C, Belfort Jr R

**Citation:** Arquivos Brasileiros de Oftalmologia, January 2013, vol./is. 76/1(50-1), 0004-2749;1678-2925 (2013 Jan-Feb)

**Publication Date:** January 2013

**Abstract:** The present study reports two cases of symptomatic essential trichomegaly. Trichomegaly may develop in various diseases, including anorexia nervosa, hypothyroidism, pregnancy, pretibial myxedema, systemic lupus erythematosus, vernal keratoconjunctivitis, and uveitis. The exact incidence of trichomegaly is unknown, and the condition remains sporadically reported. Two cases of symptomatic trichomegaly without any associated systemic disorder are presented in this paper.

**Source:** Medline

Available in fulltext from Arquivos Brasileiros de Oftalmologia at [EBSCOhost](https://link.ebscohost.com)

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**16. Rare and unusual choroidal abnormalities in a patient with systemic lupus erythematosus.**

**Author(s)** Makino S, Tampo H

**Citation:** Case Reports in Ophthalmology, 2013, vol./is. 4/2(81-6), 1663-2699;1663-2699 (2013)

**Publication Date:** 2013

**Abstract:** PURPOSE: To report a case of rare and unusual choroidal abnormalities in a 42-year-old woman with systemic lupus erythematosus (SLE). METHODS: Images were obtained using fundus photography, fluorescein angiography, near-infrared reflectance (NIR) imaging, and optical coherence tomography (OCT). RESULTS: The patient had a history of SLE and central retinal artery occlusion in her right eye. Fundus examination showed no specific retinochoroidal abnormalities, with the exception of optic disc atrophy in her right eye and a peripapillary small hemorrhage in her left eye. However, NIR revealed multiple bright patchy lesions in the choroid of the posterior pole and the mid-periphery of the fundus in both eyes. OCT demonstrated irregular hyperreflectivity at the lesion sites. CONCLUSIONS: The observed choroidal abnormalities are highly specific findings and therefore indicative of neurofibromatosis type 1 (NF1). Since the coexistence of SLE and NF1 is extremely rare, this case provided the chance to examine the relationship between SLE and NF1.

**Source:** Medline

Available in fulltext from Case Reports in Ophthalmology at [National Library of Medicine](https://link.nlm.nih.gov)

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**17. Chorea and retinal vessel occlusion in a patient with systemic lupus**
Various neurological complications occur in primary or secondary antiphospholipid syndrome (APS) consisting of cerebrovascular attacks, ocular events, dementia, seizure, chorea, and transverse myelopathy that are all related to the titer of antiphospholipid antibodies (aPL). We report a patient with chorea and retinal vessel occlusion as manifestations of systemic lupus erythematosus (SLE) and APS. A 27-year-old man presented with progressive visual field defect and decreases visual acuity of right eye (OD) as well as involuntary movements in both hands and slurred speech. Investigations led to the diagnosis of SLE and APS. Anticoagulant and immunosuppressant was started for him. As his condition improved, the prednisolone was gradually tapered. This is the first case report of concomitant retinal vessel occlusion and chorea in SLE and APS.

Source: Medline

Author(s) Noma H, Shimizu H, Mimura T
Citation: Clinical Ophthalmology, 2013, vol./is. 7/(865-7), 1177-5467;1177-5467 (2013)
Publication Date: 2013
Abstract: Central retinal vein occlusion (CRVO) is frequent in patients with systemic lupus erythematosus (SLE), but the treatment of the macular edema with this disease is extremely difficult. We report a case of cystoid macular edema (CME) secondary to unilateral CRVO in a patient with SLE that responded to intravitreous injection of an anti-vascular endothelial growth factor (VEGF) agent. A 33-year-old Japanese woman was referred to our department with unilateral impairment of vision. Microperimetry (MP-1) showed a cessation of foveal sensitivity. Fluorescein angiography showed CME without ischaemia of the macular region or peripheral retina (nonischemic CRVO). A diagnosis of CME and unilateral nonischemic CRVO combined with SLE was made and intravitreous anti-VEGF therapy was given. A sample of aqueous humor was harvested at the start of intravitreous injection after obtaining informed consent. Then the levels of VEGF and monocyte chemotactic protein (MCP)-1 were measured in the aqueous humor by enzyme-linked immunosorbent assay, revealing that VEGF was 234 pg/mL and MCP-1 was 501 pg/mL. Two weeks later, left eye vision improved to 20/20. Optical coherence tomography (OCT) showed considerable amelioration of retinal swelling and CME. MP-1 showed a marked increase of foveal sensitivity. However, she had recurrence of edema 3 months later. After harvesting aqueous humor again, intravitreous injection of an anti-VEGF agent was repeated for CME. The aqueous VEGF and MCP-1 levels were 156 pg/mL and 360 pg/mL, respectively. These findings suggest that inflammation was improved by intravitreous injection of bevacizumab. Intravitreous injection of anti-VEGF agents may be effective for CME due to nonischemic CRVO in SLE patients if their inflammatory factor levels are low.
Source: Medline
Available in fulltext from Clinical Ophthalmology at National Library of Medicine

19. Systemic lupus erythematosus complicated with retinal detachment and choroiditis eyes secondary to severe preeclampsia pregnancy: A case report
Author(s) Zhao J.-H., Sun Z.-H.
Citation: Academic Journal of Second Military Medical University, 2013, vol./is.
20. Unilateral macular edema with central retinal vein occlusion in systemic lupus erythematosus: A case report

Author(s): Noma H., Shimizu H., Mimura T.

Citation: Clinical Ophthalmology, 2013, vol./is. 7/(865-867), 1177-5467;1177-5483 (2013)

Abstract: Central retinal vein occlusion (CRVO) is frequent in patients with systemic lupus erythematosus (SLE), but the treatment of the macular edema with this disease is extremely difficult. We report a case of cystoid macular edema (CME) secondary to unilateral CRVO in a patient with SLE that responded to intravitreous injection of an anti-vascular endothelial growth factor (VEGF) agent. A 33-year-old Japanese woman was referred to our department with unilateral impairment of vision. Microperimetry (MP-1) showed a cessation of foveal sensitivity. Fluorescein angiography showed CME without ischaemia of the macular region or peripheral retina (nonischemic CRVO). A diagnosis of CME and unilateral nonischemic CRVO combined with SLE was made and intravitreous anti-VEGF therapy was given. A sample of aqueous humor was harvested at the start of intravitreous injection after obtaining informed consent. Then the levels of VEGF and monocyte chemotactic protein (MCP)-1 were measured in the aqueous humor by enzyme-linked immunosorbent assay, revealing that VEGF was 234 pg/mL and MCP-1 was 501 pg/mL. Two weeks later, left eye vision improved to 20/20. Optical coherence tomography (OCT) showed considerable amelioration of retinal swelling and CME. MP-1 showed a marked increase of foveal sensitivity. However, she had recurrence of edema 3 months later. After harvesting aqueous humor again, intravitreous injection of an anti-VEGF agent was repeated for CME. The aqueous VEGF and MCP-1 levels were 156 pg/mL and 360 pg/mL, respectively. These findings suggest that inflammation was improved by intravitreous injection of bevacizumab. Intravitreous injection of anti-VEGF agents may be effective for CME due to nonischemic CRVO in SLE patients if their inflammatory factor levels are low. 2013 Noma et al, publisher and licensee Dove Medical Press Ltd.

Source: EMBASE
Available in fulltext from Clinical Ophthalmology at National Library of Medicine

21. Primary intraocular lymphoma in a patient with systemic lupus erythematosus

Author(s): Woei-A-Jin FJ, Kersting S, Bollemeijer JG.

Citation: Annals of Hematology, November 2012, vol./is. 91/11(1821-1822), 0939-5555;1432-0584 (November 2012)

Publication Date: November 2012

Source: EMBASE
Available in fulltext from Annals of Hematology at EBSCOhost
Available in fulltext from Annals of Hematology at EBSCOhost
Available in fulltext at Annals of Hematology; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.


Author(s): Woei-A-Jin FJ, Kersting S, Bollemeijer JG

Citation: Annals of Hematology, November 2012, vol./is. 91/11(1821-2), 0939-5555;1432-0584 (2012 Nov)
23. Ocular manifestations of systemic inflammatory diseases.

**Author(s)** Mohsenin A, Huang JJ  
**Citation:** Connecticut Medicine, October 2012, vol./is. 76/9(533-44), 0010-6178;0010-6178 (2012 Oct)  
**Publication Date:** October 2012  
**Abstract:** Inflammation of the eye is often times seen in association with systemic inflammatory diseases. Understanding the various forms of ocular involvement in these conditions is important as untreated ophthalmic involvement can lead to severe vision loss. In addition to providing a basic framework for diagnosis and treatment, this review will highlight the ocular manifestations of the following systemic inflammatory conditions: rheumatoid arthritis, systemic lupus erythematosus, Wegener's granulomatosis, Sjogren's syndrome, polyarteritis nodosa, primary antiphospholipid syndrome, Behcet's syndrome, Kawasaki disease, Cogan's syndrome and relapsing polychondritis.  
**Source:** Medline  
Available in fulltext from Connecticut Medicine at EBSCOhost

24. Analysis of the adherence to the monitoring of glucocorticoid eye toxicity and of the prevalence of cataracts and glaucoma among patients with systemic lupus erythematosus

**Author(s)** Carli L., Tani C., Querci F., Rossa A.D., Vagnani S., D'Ascanio A., Neri R., Tavoni A., Bombardieri S., Mosca M.  
**Citation:** Arthritis and Rheumatism, October 2012, vol./is. 64/(S872), 0004-3591 (October 2012)  
**Publication Date:** October 2012  
**Abstract:** Background/Purpose: Cataracts and glaucoma are among the main causes of impaired visual acuity and have a prevalence respectively of 9-17% and 1-2% among subjects older than 70 years. Chronic glucocorticoid (GC) therapy is associated with an increased risk of developing cataracts and glaucoma and recommendations have been developed for monitoring these side effects in patients with rheumatic diseases. The aim of this study was to assess the adherence to the existing recommendations for monitoring eye toxicity of chronic GC therapy and the prevalence of cataracts and glaucoma among systemic lupus erythematosus (SLE) patients followed at our Unit. Methods: Retrospective analysis of clinical charts to evaluate epidemiological data (disease duration, age at last assessment), cumulative and mean daily dose of GC and administration of GC pulses, number and frequency of eye assessment during follow up. Presence/absence of cataracts and glaucoma as reported in the last available eye assessment. Results: One hundred and seventy charts were examined, 34 (20%) of these (mean follow up 83.6+66.5; mean age 42.5+14.8 years) never underwent an eye assessment. The remaining 136 (mean follow up 152.5+99.8 months, age 45.4+12.5 years), underwent an eye assessment on average with an interval of 75+61.7 months. However, only 45 (33%) had received an evaluation during the previous 12 months. All these 170 patients were taking chronic CG therapy at a mean daily dose of 5.4+2.4 mg prednisone (PDN), and a mean cumulative dose of 27.6+20.5 gms. Out of the 136 patients with at least one eye assessment (mean
PDN 5.5+2.4 mg, mean cumulative dose 29.8+21.5 gms), cataracts were observed in 39 patients (29%) and glaucoma in 4 patients (3%). Cataracts were diagnosed at a mean age of 46.5+10 years; the development of cataracts was associated with age, disease duration and cumulative GC dose (cataracts vs not cataracts: mean cumulative PDN dose 32.8 vs 20.4 gms; p<0.0001). Glaucoma was diagnosed at a mean age of 40.5+16 years; due to the small number of patients no correlations were made. Conclusion: Although 80% of patients have at least one eye assessment, the adherence to recommendations is suboptimal as only 33% of patients underwent an eye assessment over the previous 12 months. As expected the prevalence of cataracts and glaucoma is higher than in the general population and these conditions occur early in the life of SLE patients. As not all patients have a recent eye evaluation our data could underestimate the real incidence of these two potentially severe conditions. An association between GC and cataracts is confirmed. These data reinforce the need to improve adherence to recommendations to eye monitoring among SLE patients under chronic therapy with GC.

Source: EMBASE
Available in fulltext from Arthritis and Rheumatism at the ULHT Library and Knowledge Services’ eJournal collection
Available in fulltext from Arthritis & Rheumatism at EBSCOhost

Author(s) Rodriguez-Hurtado FJ, Saez-Moreno JA, Rodriguez-Ferrer JM
Citation: Reumatologia Clinica, September 2012, vol./is. 8/5(280-3), 1699-258X;1885-1398 (2012 Sep-Oct)
Publication Date: September 2012
Abstract: A 50-years-old woman with systemic lupus erythematosus treated for 13 years with hydroxychloroquine developed nephropathy and high blood pressure five years ago as well as moderate loss of vision in her right eye. Fundoscopy showed alterations of macular pigmentation only in the right eye. Visual fields 10-2 were normal in both eyes. Optical coherence tomography showed hyperreflective foveal thickening with a hyporreflective cavity underlying in the right macula, and was normal in left macula. Fluorescein angiography showed no bulls-eye pattern, but did show microaneurysms in vascular arcades. Multifocal central electroretinogram was diminished in right eye and the electrorretinogram pattern was diminished in both eyes. We concluded that the alterations of the right eye were suggestive of ischemic maculopathy, not hydroxychloroquine toxicity.
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Source: Medline

Author(s) Tang C, Godfrey T, Stawell R, Nikpour M
Citation: Internal Medicine Journal, September 2012, vol./is. 42/9(968-78), 1444-0903;1445-5994 (2012 Sep)
Publication Date: September 2012
Abstract: Due to multiple beneficial effects, including control of disease activity, reduction in cardiovascular events and improved survival, hydroxychloroquine is now recommended long-term for all patients with systemic lupus erythematosus. However, patients must be made aware of the possible risk of retinal toxicity and have eye examinations to monitor for this complication. As hydroxychloroquine becomes more widely used in systemic lupus erythematosus, physicians must also be aware of rare but serious adverse effects, including neuromyotoxicity and cardiotoxicity.
27. Hydroxychloroquine retinopathy combined with retinal pigment epithelium detachment.

**Author(s):** Lee WJ, Ko MK, Lee BR  
**Citation:** Cutaneous & Ocular Toxicology, June 2012, vol./is. 31/2(144-7), 1556-9527;1556-9535 (2012 Jun)  
**Publication Date:** June 2012  
**Abstract:** PURPOSE: To describe a case of hydroxychloroquine retinopathy combined with retinal pigment epithelium (RPE) detachment and evaluate possible causes of pigment epithelium detachment. METHODS: Single case report and literature review. RESULTS: A 44-year-old lady presented with "decreasing visual acuity and field since a few months ago". She was diagnosed with systemic lupus erythematosus and had been on hydroxychloroquine 400 mg orally twice daily for 10 years. Fluorescein angiography and fundus autofluorescence revealed the decrease in RPE amount or function in the right eye. Spectral domain optical coherence tomography revealed preservation of central foveal outer retinal structure surrounded by perifoveal outer retinal thinning in the right eye. Adjacent to fovea, between fovea and disc, large sized RPE detachment was seen. CONCLUSION: We herein report the first case of hydroxychloroquine retinopathy combined with RPE detachment. RPE dysfunction caused by long-term use of hydroxychloroquine can be manifested as pigment epithelium detachment.

**Source:** Medline  
Available in fulltext from Cutaneous & Ocular Toxicology at EBSCOhost

28. Lupus erythematosus profundus masquerading as idiopathic orbital inflammatory syndrome.

**Author(s):** Ohsie LH, Murchison AP, Wojno TH  
**Citation:** Orbit, June 2012, vol./is. 31/3(181-3), 0167-6830;1744-5108 (2012 Jun)  
**Publication Date:** June 2012  
**Abstract:** Idiopathic orbital inflammatory syndrome (IOIS) is a nonspecific inflammation of orbital tissue. As it is a diagnosis of exclusion, systemic testing and, at times biopsy, is utilized to rule out other inflammatory etiologies. Since some inflammatory etiologies that masquerade as typical IOIS can be vision or life threatening, it is important to consider these diagnoses. Systemic lupus erythematosus (SLE) is a chronic systemic autoimmune process that can affect the eye and visual system in 20% of individuals. In this idiopathic process, the deposition of pathogenic autoantibodies and immune complexes damage tissues and cells. Some common ocular manifestations of SLE include keratoconjunctivitis sicca, periorcular skin lesions, orbital inflammation, retinal hemorrhages and vasculitis, retinal vaso-occlusive disease, iritis, scleritis, optic neuritis and optic neuropathy. One rare clinical entity in the SLE spectrum is panniculitis, also known as lupus erythematosus profundus (LEP), which is a nodular inflammation of adipose tissue. Panniculitis involving orbital structures as the primary presenting symptom of SLE is quite unusual and has only rarely been previously reported in the literature and has not been reported presenting as IOIS. This uncommon presentation can make the diagnosis more difficult. We describe a patient who had presented with ptosis evolving to orbital inflammation, which was consistent with IOIS by laboratory and histologic examinations. The patient later developed extensive panniculitis and a final diagnosis of LEP was made.

**Source:** Medline  
Available in fulltext from Orbit at EBSCOhost
29. Posterior scleritis as first presentation of systemic lupus erythematosus: A case report

Author(s) Ng K.K., Nor Fadzillah A.J.
Citation: Neuro-Ophthalmology, June 2012, vol./is. 36/(27-28), 0165-8107 (June 2012)
Publication Date: June 2012
Abstract: AIM: To report a case of left posterior scleritis as first presentation of systemic lupus erythematosus (SLE). METHODS: A 13-year-old Chinese girl presented to Hospital Melaka’s eye clinic on October 2011. She complained of left eye redness for two weeks. It was associated with left eye pain especially on eye movement. On examination, there was restricted left eye movement in all gaze directions. The patient noted no diplopia. Relative afferent pupillary defect and red desaturation were present in the left eye. There was diffuse congestion over the conjunctiva with dilated episcleral vessels. There was also diffuse chemosis with mild left eye axial proptosis noted. There was no butterfly facial rash, joint pain, photosensitivity suggestive of SLE. CT orbit revealed left eye proptosis with thickened sclera. ANA and dsDNA were positive and showed homogenous pattern. Patient was given intravenous methylprednisolone pulse therapy for three days follow by oral prednisolone 1mg/kg/day. RESULTS: Symptoms and signs improved following intravenous methylprednisolone therapy. Patient was referred to the rheumatologist for co-management. CONCLUSION: Presentation of SLE is widely varied. Posterior scleritis is an uncommon complication in which immediate and appropriate treatment can help to improve vision.
Source: EMBASE

30. Systemic lupus erythematosus-associated retinal vasculitis

Author(s) Butendieck R.R., Parikh K., Stewart M., Davidge-Pitts C., Abril A.
Citation: Journal of Rheumatology, May 2012, vol./is. 39/5(1095-1096), 0315-162X;1499-2752 (May 2012)
Publication Date: May 2012
Source: EMBASE

31. Aggravated capillary non-perfusion after intravitreal bevacizumab for macular edema secondary to systemic lupus erythematosus and anti-phospholipid syndrome

Author(s) Jeon S, Lee WK
Citation: Lupus, March 2012, vol./is. 21/3(335-7), 0961-2033;1477-0962 (2012 Mar)
Publication Date: March 2012
Abstract: A 22-year-old female with history of systemic lupus erythematosus (SLE) was referred for evaluation of decreased visual acuity in her right eye. Her best-corrected visual acuity (BCVA) at the time of presentation was 20/160. Widespread cotton wool spots and macular edema were seen on biomicroscopy. Fluorescein angiography (FA) revealed retinal arterial and venous obstruction with capillary nonperfusion at the superotemporal retina. Antiphospholipid syndrome (APS) was diagnosed based on positive lupus anti-coagulant and ocular manifestations. Scattered laser photocoagulation was applied at the nonperfusion area but the visual acuity continued to deteriorate due to macular edema. Intravitreal bevacizumab (IVB) was administered for macular edema. One day after IVB, the BCVA decreased to count fingers. FA revealed extended non-perfusion from the superotemporal area to the posterior pole. Use of intravitreal bevacizumab for macular edema secondary to SLE or APS should be considered carefully and
patients monitored closely for vascular complications.

Source: Medline

Available in fulltext at Lupus; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

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Available in fulltext from Lupus at EBSCOhost


Author(s) Palejwala NV, Walia HS, Yeh S

Citation: Autoimmune Diseases, 2012, vol./is. 2012/(290898), 2090-0430;2090-0430 (2012)

Publication Date: 2012

Abstract: About one-third of patients suffering from systemic lupus erythematosus have ocular manifestations. The most common manifestation is keratoconjunctivitis sicca. The most vision threatening are retinal vasculitis and optic neuritis/neuropathy. Prompt diagnosis and treatment of eye disease is paramount as they are often associated with high levels of systemic inflammation and end-organ damage. Initial management with high-dose oral or IV corticosteroids is often necessary. Multiple "steroid-sparing" treatment options exist with the most recently studied being biologic agents.

Source: Medline

Available in fulltext from Autoimmune Diseases at National Library of Medicine

33. Ocular manifestations of systemic lupus erythematosus: A review of the literature

Author(s) Palejwala N.V., Walia H.S., Yeh S.

Citation: Autoimmune Diseases, 2012, vol./is. 1/1, 2090-0430 (2012)

Publication Date: 2012

Abstract: About one-third of patients suffering from systemic lupus erythematosus have ocular manifestations. The most common manifestation is keratoconjunctivitis sicca. The most vision threatening are retinal vasculitis and optic neuritis/neuropathy. Prompt diagnosis and treatment of eye disease is paramount as they are often associated with high levels of systemic inflammation and end-organ damage. Initial management with high-dose oral or IV corticosteroids is often necessary. Multiple steroid-sparing treatment options exist with the most recently studied being biologic agents. 2012 Neal V. Palejwala et al.

Source: EMBASE

34. Unusual symptoms of systemic lupus erythematosus-diagnostic challenge

Author(s) Czuwara J., Rakowska A., Kardynal A., Warszawik O., Rudnicka L.

Citation: Przeglad Dermatologiczny, 2012, vol./is. 99/4(373-374), 0033-2526 (2012)

Publication Date: 2012

Abstract: Introduction. Systemic lupus erythematosus (SLE) may present unusual symptoms requiring wide differential diagnosis. Objective. Presentation of 3 clinical cases of acute SLE onset and atypical manifestations. Case reports. Case no 1. A 33-years-old woman was admitted with inflammatory edema of her right ocular bulb and eye. Additional symptoms included fever, arthritis and cutaneous erythematous patches and plaques. Magnetic resonance imaging revealed an ill-defined border of the optic nerve. Differential diagnosis covered neurological, infectious and ophthalmological diseases. In this patient peri-orbital mucinosis was
diagnosed. Case no 2. A 31-years-old woman was referred with indurated tender subcutaneous plaques on her thigh and arm with painful nodules and fever unresponsive to antibiotics. Differential diagnosis covered different causes of panniculitis. Histopathological diagnosis was conclusive revealing lupus panniculitis. Case no 3. A 58-years-old woman was hospitalized with erosions and ulcers on her oral mucosa occurring after NSAID administration. Stevens-Johnson syndrome (SJS) was suspected and appropriate treatment introduced without improvement. Since fever, leukopenia, lymphopenia and inflammatory laboratory parameters were increasing the patient diagnosis was revised. Infectious, hematological, Behcet disease, CUS and SLE were taken into consideration. In all 3 cases after diagnosis of SLE and introduction of systemic corticosteroids, the majority of symptoms quickly resolved. Conclusions. Presented cases indicate the necessity of interdisciplinary cooperation for proper diagnosis of some SLE cases.

Source: EMBASE
Available in fulltext at Przeglad Dermatologiczny; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

35. Ocular changes due to the treatment of juvenile systemic lupus erythematosus
Citation: Revista Brasileira de Reumatologia, December 2011, vol./is. 51/6(550-557), 0482-5004 (December 2011)
Publication Date: December 2011
Abstract: Objective: To assess retrospectively the ocular changes in children and adolescents with juvenile systemic lupus erythematosus (JSLE) in a tertiary pediatric rheumatology service. Methods: This study assessed 117 JSLE patients (85.5% female, 60.7% non-Caucasian), who met at least four criteria of the 1997 SLE classification of the American College of Rheumatology. Their mean age was 10.4 years, and their mean time of disease progression was 5.4 years. A protocol containing clinical and demographic data, ophthalmologic complaints and changes, age of onset, duration of medication use, and cumulative medication dose was applied. Results: Of the 117 patients, 24 (20.5%) had ocular changes. Sixteen of them had abnormal fundoscopy associated with systemic hypertension and/or use of chloroquine; four had cataract; two had glaucoma; and two had cataract and glaucoma. The mean age of ocular change onset was 14.1 years. Patients with ocular changes received statistically higher and longer doses of glucocorticoid pulse therapy as compared with patients without ocular changes [1.5 (0.4 to 1.6) versus 1 (0.2 to 1.6) mg/kg, P = 0.003; 25.7 (2-99) versus 17.8 (1-114) months, P = 0.0001, respectively]. Conclusion: A high prevalence of ocular changes relating mainly to the treatment of JSLE was observed. This demonstrates the need for regular ophthalmologic examinations even in asymptomatic patients, aiming at the early diagnosis and intervention, and at decreasing the ocular morbidity related to that disease. 2011 elsevier editora ltda. All rights reserved.
Source: EMBASE

Author(s) Georgakopoulos CD, Kargiotis O, Eliopoulos MI, Makri OE, Exarchou AM, Papathanasopoulos P
Citation: Journal of Child Neurology, December 2011, vol./is. 26/12(1576-9), 0883-0738;1708-8283 (2011 Dec)
Publication Date: December 2011
Abstract: We present the case of a 14-year-old girl who was admitted to the hospital with the complaint of horizontal diplopia for 48 hours. Initially, she was
diagnosed with idiopathic intracranial hypertension. During hospitalization she developed fever, macular facial rash, and chest pain, and because of abnormal laboratory findings the diagnosis of systemic lupus erythematosus was established. She received immunomodulatory therapy, a combination of corticosteroids, and intravenous infusions of the monoclonal antibody rituximab, which augmented her clinical improvement. Intracranial hypertension secondary to systemic lupus erythematosus is a rare manifestation, especially as a presenting symptom. In addition, the fact that the patient developed an aggressive form of systemic lupus erythematosus during the initial period of hospitalization for idiopathic intracranial hypertension is also uncommon. Moreover, to our knowledge, we are not aware of any published case reports of intracranial hypertension secondary to systemic lupus erythematosus that was treated with rituximab.

**Source:** Medline

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**37.** The spectrum of ocular involvement in systemic lupus erythematosus in a tertiary eye care center in Nepal.

**Author(s)** Sitaula R, Shah DN, Singh D

**Citation:** Ocular Immunology & Inflammation, December 2011, vol./is. 19/6(422-5), 0927-3948;1744-5078 (2011 Dec)

**Publication Date:** December 2011

**Abstract:** PURPOSE: Manifestations of Systemic lupus erythematosus are protean and the eye can get affected in more than a third of the cases. This study was conducted to evaluate the spectrum of ocular manifestation among Nepalese patients diagnosed with Systemic lupus erythematosus.METHODS: In this hospital based cross-sectional study, 91 established cases of Systemic lupus erythematosus were enrolled from January 2008 to June 2009 AD. Patient particulars including age, sex, duration, systemic involvement, laboratory findings and treatment history were noted. Detailed ophthalmological examination was carried.RESULTS: Out of 91 patients, 94.5% were females and 5.5% were males. Female/Male ratio was 17:1. Mean age of the patients was 26.59 + 10.33 years. Ocular involvement was present in 47.3% (43) of the patients, the commonest manifestation being dry eye (39.5%) followed by lupus retinopathy (21%) and drug induced ocular complications (21%).CONCLUSIONS: Ocular manifestations in Systemic lupus erythematosus are not uncommon.

**Source:** Medline

Available in fulltext from Ocular Immunology & Inflammation at EBSCOhost

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**38.** Comparative study of ophthalmological and serological manifestations and the therapeutic response of patients with isolated scleritis and scleritis associated with systemic diseases.

**Author(s)** Sousa JM, Trevisani VF, Modolo RP, Gabriel LA, Vieira LA, Freitas Dd

**Citation:** Arquivos Brasileiros de Oftalmologia, November 2011, vol./is. 74/6(405-9), 0004-2749;1678-2925 (2011 Nov-Dec)

**Publication Date:** November 2011

**Abstract:** INTRODUCTION: Scleritis is a rare, progressive and serious disease, the signs of which are inflammation and edema of episcleral and scleral tissues and is greatly associated with systemic rheumatoid diseases.PURPOSE: To perform a prospective and comparative study between ophthalmologic manifestations, serologic findings and therapeutic response of patients with isolated scleritis and scleritis associated with systemic rheumatoid disease.METHODS: Thirty-two outpatients with non-infectious scleritis were studied, from March 2006 to March 2008. The treatment was corticoid eye drops associated with anti-inflammatory agents, followed by systemic corticoids and immunosuppressive drugs if necessary, was considered successful after six
months without scleritis recurrence.

RESULTS: Fourteen of 32 patients had scleritis associated with systemic rheumatoid disease, of which nine had rheumatoid arthritis, two systemic lupus erythematosus, one Crohn's disease, one Behcet's disease and one gout. There were no difference in relation to involvement and ocular complications, there was predominance of nodular anterior scleritis and scleral thinning was the most frequent complication. The scleritis associated with systemic rheumatoid disease group had 64.3% of autoantibodies, versus 27.8% among those with isolated scleritis and this difference was statistically significant. In the isolated scleritis group 16.7% used anti-inflammatory, 33.3% corticosteroids, 27.8% corticosteroids with one immunosuppressive drug, 5.5% two immunosuppressive drugs, 16.7% corticosteroids with two immunosuppressive drugs and 33.3% pulse of immunosuppressive drugs, there was remission in 88.9%. In the scleritis associated with systemic rheumatoid disease group 7.1% used anti-inflammatory, 7.1% corticosteroids, 50% corticosteroids with one immunosuppressive drug, 7.1% two immunosuppressive drugs and 22.2% pulse of immunosuppressive drugs, 100% had treatment success.

CONCLUSION: Prevalence of unilateral nodular scleritis was noted in both groups and higher rates of all the parameters tested were noted in the scleritis associated with systemic rheumatoid disease group. There were no differences between the groups with respect to the use of immunosuppressive drugs and therapeutic response, which was fully satisfactory in the scleritis associated with systemic rheumatoid disease group and satisfactory in the isolated scleritis group.

Source: Medline
Available in fulltext from Arquivos Brasileiros de Oftalmologia at EBSCOhost

39. Optic neuropathy as a presenting feature of systemic lupus erythematosus: two case reports and literature review.
Author(s) Frigui M, Frikha F, Sellemi D, Chouayakh F, Feki J, Bahloul Z
Citation: Lupus, October 2011, vol./is. 20/11(1214-8), 0961-2033;1477-0962 (2011 Oct)
Publication Date: October 2011
Abstract: Systemic lupus erythematosus (SLE) may affect the eyes and/or visual system in up to a third of patients; however, optic nerve involvement has been rarely reported. SLE presenting as optic neuropathy is exceptional. We report two new cases of optic neuropathy as a presenting feature of SLE. The first patient presented with an ischemic optic neuropathy and antiphospholipid antibodies, and the second presented with optic neuritis. A literature review for previous cases of SLE presenting as optic neuropathy was performed. Early diagnosis of SLE-associated optic neuropathy is warranted and leads to a better prognosis.
Source: Medline
Available in fulltext at Lupus; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library. Available in fulltext from Lupus at EBSCOhost

40. Follow-up of lupus choroidopathy with optical coherence tomography.
Author(s) Ozturk B, Bozkurt B, Karademir Z, Kerimoglu H
Citation: Lupus, October 2011, vol./is. 20/10(1076-8), 0961-2033;1477-0962 (2011 Oct)
Publication Date: October 2011
Abstract: A 36-year-old female followed with the diagnosis of systemic lupus erythematosus complained of bilateral visual loss. Ophthalmological examination revealed disc edema with irregular borders, edematous and pale retina with widespread cotton wool spots, intraretinal hemorrhages and serous retinal
detachment in both eyes. Optical coherence tomography (OCT) scans showed intraretinal and subretinal fluid creating cystic cavities with central subfield macular thickness values of 994 and 912 μm in the right and left eye, respectively. The follow-up scans after the treatment with systemic steroid, acetylsalicylic acid and cyclosporine documented resolution of this fluid accumulation and a decrease in macular thickness measurements. These clearly demonstrated that OCT, which is a fast, objective and non-invasive technology, may be an adjunctive imaging tool for the diagnosis and follow-up of lupus choroidopathy.

Source: Medline
Available in fulltext at Lupus; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
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Available in fulltext from Lupus at EBSCOhost

41. Optic neuropathy as a presenting feature of systemic lupus erythematosus: Two case reports and literature review
Author(s) Frigui M., Frikha F., Sellemi D., Chouayakh F., Feki J., Bahloul Z.
Citation: Lupus, October 2011, vol./is. 20/11(1214-1218), 0961-2033;1477-0962
(October 2011)
Publication Date: October 2011
Abstract: Systemic lupus erythematosus (SLE) may affect the eyes and/or visual system in up to a third of patients; however, optic nerve involvement has been rarely reported. SLE presenting as optic neuropathy is exceptional. We report two new cases of optic neuropathy as a presenting feature of SLE. The first patient presented with an ischemic optic neuropathy and antiphospholipid antibodies, and the second presented with optic neuritis. A literature review for previous cases of SLE presenting as optic neuropathy was performed. Early diagnosis of SLE-associated optic neuropathy is warranted and leads to a better prognosis. The Author(s), 2011.
Source: EMBASE
Available in fulltext at Lupus; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
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Available in fulltext from Lupus at EBSCOhost

42. Plasma exchange and rituximab in the management of acute occlusive retinal vasculopathy secondary to systemic lupus erythematosus
Author(s) Damato E., Chilov M., Lee R., Singh A., Harper S., Dick A.
Citation: Ocular Immunology and Inflammation, October 2011, vol./is. 19/5(379-381), 0927-3948;1744-5078 (October 2011)
Publication Date: October 2011
Abstract: Purpose: To report a case of acute occlusive retinal vasculopathy secondary to systemic lupus erythematosus (SLE) successfully treated with plasma exchange and rituximab Methods: Case Report Results: A 25-year-old female presenting acutely with lupus retinal vasculitis was treated urgently with plasma exchange after failure to respond to intravenous methylprednisolone. Following this, fluorescein angiography demonstrated reperfusion of occluded arterioles. Visual acuity improved from 6/60 to 6/6 bilaterally. Remission was maintained following rituximab (Rituxan) in combination with mycophenolate mofetil and oral prednisolone. Conclusions: Early treatment with plasma exchange achieved reperfusion of the occluded microvascular circulation with correspondingly good visual recovery and should be considered when patients present with corticosteroid refractory retinal vasculitis associated with SLE. 2011
43. The biomechanical properties of the cornea in patients with systemic lupus erythematosus.

**Author(s)** Yazici AT, Kara N, Yuksel K, Altinkaynak H, Baz O, Bozkurt E, Demirok A

**Citation:** Eye, August 2011, vol./is. 25/8(1005-9), 0950-222X;1476-5454 (2011 Aug)

**Publication Date:** August 2011

**Abstract:** UNLABELLED: PUPOSE: The purpose of this study was to compare the biomechanical properties of the cornea and intraocular pressure (IOP) between patients with systemic lupus erythematosis (SLE) and age-matched controls. PATIENTS AND METHODS: In this prospective study, 30 healthy individuals (control group) and 30 patients with SLE (study group) underwent Reichert ocular response analyzer (ORA) measurements. In the right eye of each participant, the corneal hysteresis (CH), corneal resistance factor (CRF), and Goldman-related IOP (IOPg) were recorded using the ORA. RESULTS: Mean CH, CRF, IOPg were significantly different between groups. Mean CH was 10.2 + 0.6 mm Hg in the study group and 11.3 + 1.3 in the control group (P=0.02); mean CRF was 9.7 + 1.1 mm Hg and 11.9 + 1.5 mm Hg, respectively (P=0.001). Mean IOP(g) was 13.9 + 2.9 mm Hg in the study group and 16.9 + 2.6 mm Hg in the control group (P=0.001). CONCLUSION: The biomechanical properties of the cornea are altered in patients with SLE compared with normal controls. These findings should be taken into account when measuring IOP values in patients with SLE as IOP readings may be underestimated in SLE eyes.

**Source:** Medline

Available in fulltext from Eye at EBSCOhost

44. Choroidopathy in patients with systemic lupus erythematosus with or without nephropathy.

**Author(s)** Baglio V, Gharbiya M, Balacco-Gabrieli C, Mascaro T, Gangemi C, Di Franco M, Pistolesi V, Morabito S, Pecci G, Pierucci A

**Citation:** Journal of Nephrology, July 2011, vol./is. 24/4(522-9), 1121-8428;1724-6059 (2011 Jul-Aug)

**Publication Date:** July 2011

**Abstract:** BACKGROUND: The aim of this study was to evaluate indocyanine green angiographic findings in patients with systemic lupus erythematosus (SLE) with or without lupus nephritis. In particular, the presence of choroidal abnormalities at indocyanine green angiography (ICG-A) that could not be detected by fluorescein angiography (FAG) was investigated. METHODS: Sixteen patients with SLE underwent simultaneous ICG-A and FAG. Patients were divided into 2 groups based on whether renal disease was present (group A, n=9) or not (group B, n=7). RESULTS: Drusen-like deposits were ophthalmoscopically evident in only 1 out of 9 group A patients (11.1%). While FAG disclosed the deposits in 4 out of 9 group A patients (44.4%), drusen-like deposits were otherwise found in all group A patients (100%) by ICG-A. FAG and ICG-A did not show choroidal alterations in group B patients. CONCLUSIONS: ICG-A can provide information that is not detectable by clinical or FAG examination in patients with lupus nephritis.
(group A). The findings of choroidopathy by ICG-A represent an indicator of ocular involvement and could be an indirect sign of renal involvement. Given that histological lesions may be present where there are no anomalies in urinary sediment and/or proteinuria, the positivity of ICG-A could help in deciding whether or not to carry out a renal biopsy. Therefore, ICG-A could be useful in the screening of patients with SLE, especially where there are no evident signs of renal involvement.

Source: Medline
Available in fulltext from Journal of Nephrology (JNonline) at EBSCOhost

45. Visual field loss in adolescent male with sle since infancy: Vasculitis or rituximab toxicity?
Author(s) Fledelius H.C., Bjerg-Petersen K., Nielsen S.
Citation: Neuro-Ophthalmology, June 2011, vol./is. 35/(S51-S52), 0165-8107 (June 2011)
Publication Date: June 2011
Abstract: OBJECTIVE: To discuss rituximab toxicity to retina or optic nerve in a 17-year old male with known systemic lupus erythematosus, as a clinical option to the basic disorder diagnosed at the age of 1 year. METHODS: To report recent ophthalmological findings after routine referral with a view to CNS vasculitis, however without retinal manifestations observed. Over the years treated mainly with prednisolone and cyclophosphamide. In 2008 longstanding headache and increased intracranial pressure, but not papilloedema. In 2009 photophobia and small joint arthralgia; in 2010 also memory affected. Extensive neuroimaging normal throughout. In 2010 no effect of corticosteroids and CellCept, and rituximab was given intravenously x 4, interval 1 week. RESULTS: In Oct 2010, visual acuity, colour sense, contrast sensitivity, and VEP were normal. This also held for eye motility, slit lamp examination, IOP, and fundus appearance. Goldman kinetic perimetry showed bilateral constriction, almost symmetrical, with peripheral loss of sensitivity confirmed by static Octopus perimetry (DG2). CONCLUSIONS: According to the clinical SLE literature about 1% of patients exhibit features compatible with optic neuritis, usually reversible. Other reports favoured the use of rituximab in SLE vasculitis, as also in a neuromyeltis optica trial. There are, however, occasional reports to indicate other biological agents as underlying optic nerve affection when given for various inflammatory disorders. Theoretically, in our case vasculitides could be responsible for the visual field defects, despite the systemic medications given, but the symmetrical appearance is suggestive of anterior visual pathway toxicity to rituximab.
Source: EMBASE

46. Systemic lupus erythematosus (SLE) complicated by Neuromyelitis Optica (Devic's Syndrome): First case report in the Pediatric Population
Author(s) Mariti D., Vartselis G.
Citation: European Journal of Paediatric Neurology, May 2011, vol./is. 15/(S56), 1090-3798 (May 2011)
Publication Date: May 2011
Abstract: Neuromyelitis optica (NMO) is a rare autoimmune demyelinating disease of the central nervous system manifesting with transverse meylitis involving three or more continuous segments and optic neuritis in the presence of NMO IgG antibodies. Case: A 12 year old Caucasian female diagnosed at seven years of age with SLE complicated by grade IV lupus nephritis, presented with headache, painful eye movements, malaise, arthralgias, generalized muscle weakness and persistent neck pain. She was on azathioprine and hydroxychloroquine. She was lymphopenic with raised inflammatory markers and highly positive ANA and anti ds
DNA titers. On examination she looked unwell, she was pyrexial and she had active synovitis of both knees. Neurological examination showed decreased muscle strength of her upper and lower limbs and hyporeflexia. She also had localized tenderness of her upper back. Magnetic resonance imaging showed abnormal cord signaling in the lower cervical and thoracic spine and the right optic nerve. NMO IgG antibody was positive. Three years later she represented with similar symptoms and imaging findings. She was treated with plasmapheresis and corticosteroids. Discussion: SLE is a multisystemic autoimmune disease and 25% of the patients will develop CNS involvement throughout its course. NMO has been described in adult patients with SLE; however this is the first pediatric case presented. Interestingly SLE flares coincided with NMO flares which responded to treatment simultaneously. We believe that SLE and NMO in these patients are parts of the same disease spectrum. This condition is mainly noticed in patients with refractory long standing SLE.

Source: EMBASE

47. Systemic Lupus Erythematosus with muscle weakness due to Myasthenia Gravis.

Author(s) Studart SA, Rodrigues CL, Soares CB, Callado MR, Vieira WP

Citation: Revista Brasileira de Reumatologia, May 2011, vol./is. 51/3(289-94), 0482-5004;1809-4570 (2011 May-Jun)

Publication Date: May 2011

Abstract: Systemic lupus erythematosus (SLE) and myasthenia gravis (MG) are autoimmune diseases, whose association in the same patient is rarely reported. Both pathologies share the following characteristics: affect mainly young women; alternate exacerbation and remission periods; and have positive antinuclear antibody (ANA) test. This case report assesses possible diagnostic hypotheses for the clinical findings of eyelid ptosis and proximal muscle weakness in a female patient recently diagnosed with SLE, who evolved with associated MG.

Source: Medline

48. Development of quality indicators to evaluate the monitoring of SLE patients in routine clinical practice.


Citation: Autoimmunity Reviews, May 2011, vol./is. 10/7(383-8), 1568-9972;1873-0183 (2011 May)

Publication Date: May 2011

Abstract: The assessment of systemic lupus erythematosus (SLE) patients in routine clinical practice is mainly based on the experience of the treating physician. This carries the risk of unwanted variability. Variability may have an impact on the quality of care offered to SLE patients, thereby affecting outcomes. Recommendations represent systematically developed statements to help practitioners in reducing variability. However, major difficulties arise in the application of recommendations into clinical practice. In this respect, the use of quality indicators may raise the awareness among rheumatologists regarding potential deficiencies in services and improve the quality of health care. The aim of this study was to develop a set of quality indicators (QI) for SLE by translating into QIs the recently developed EULAR Recommendations for monitoring SLE patients in routine clinical practice and observational studies. Eleven QIs have been developed referring to the use of validated activity and damage indices in routine clinical practice, general evaluation of drug toxicity, evaluation of comorbidities, eye evaluation, laboratory assessment, evaluation of the presence of chronic viral infections, documentation of vaccination and of antibody testing at baseline. A
49. Investigating the relationship between serum interleukin-17 levels and systemic immune-mediated disease in patients with dry eye syndrome.

**Author(s)** Oh JY, Kim MK, Choi HJ, Ko JH, Kang EJ, Lee HJ, Wee WR, Lee JH

**Citation:** Korean Journal of Ophthalmology, April 2011, vol./is. 25/2(73-6), 1011-8942;1011-8942 (2011 Apr)

**Publication Date:** April 2011

**Abstract:** PURPOSE: To investigate the association between dry eye syndrome (DE) and serum levels of interleukin (IL)-17 in patients with systemic immune-mediated diseases. METHODS: IL-17 and IL-23 levels were measured in the sera of patients whose tear production was <5 mm on the Schirmer test. Subjects included patients with chronic graft-versus-host disease (GVHD), rheumatoid arthritis (RA), Sjogren's syndrome (SS), systemic lupus erythematosus (SLE), and no systemic disease. Corneal/conjunctival fluorescein staining was scored and the correlation between the score and the IL-17 level was evaluated. RESULTS: A strong correlation existed between IL-17 level and the type of systemic disease. IL-17 was significantly elevated in patients with chronic GVHD compared to those with RA and SS. IL-17 was not detectable in patients with SLE or in those without systemic disease. IL-23 was not detected in any of the subjects. IL-17 was significantly increased in patients with high fluorescein staining scores. CONCLUSIONS: Our data suggest that IL-17 is involved in the pathogenesis of DE in patients with systemic immune-mediated diseases. 2011 The Korean Ophthalmological Society

**Source:** Available in fulltext from Korean Journal of Ophthalmology : KJO at National Library of Medicine

50. Ocular manifestations in systemic lupus erythematosus

**Author(s)** Popevic L.S., Kosanovic-Jakovic N.G., Stojanovic R.M.

**Citation:** Lupus, April 2011, vol./is. 20/4(381), 0961-2033 (April 2011)

**Publication Date:** April 2011

**Abstract:** Systemic lupus erythematosus (SLE) is an autoimmune disease caused by autoantibody production and immune complex deposition in various organs including eyes. To determine the frequency and nature of eye manifestations in SLE, as related to the onset of the disease, clinical manifestations and immunological parameters. The 100 female patients with SLE (classified according to the modified 1997 ARA criteria) were divided into two groups: Group I (51 pts) with and Group II (49 pts) without ocular manifestations. The groups were compared as related to the age at onset of disease, clinical manifestations and immunological changes at the time of examination. Mean age at the time of examination in Group I was 45.57 ± 11.64yr. and in Group II 42.51 ± 11.26yr (p=0.187). Mean age at the time of diagnosis (34.19 ± 11.07yr vs. 31.77 ± 11.26yr; p=0.715) was not statistically significant. No difference in the number of ARA criteria on the onset of SLE between the groups was found. Ophthalmic status in frontal segment: cataract in 20 pts, keratoconjunctivitis sicca in 32 pts, and glaucoma simplex in 2 pts were evident. In posterior segment of the eye retinal vasculitis occurred in 4 pts (serious ocular damage was evident but no anticardiolipid antibodies were detected) and fundus hypertonicus in 3 pts. At the time of examination anti SSA/Ro antibodies were positive in 29/51 vs. 2/49 pts and anti SSB/La Abs (8/51 vs. 1/49). There was no difference in tANA, anti dsDNA, anti Sm, CIC, aCL IgG and IgM, anti beta2 GPI IgG and IgM between two groups.
Ocular manifestations occur in half of patients with SLE. The most common manifestation is keratoconjunctivitis sicca (32% of pts) linked to positive antiSSA/Ro and antiSSB/La antibodies. Retinal vasculitis, although rare (in 4 pts) may be present in a form of severe vaso-occlusive retinopathy, not related to presence of antiphospholipid antibodies. Due to the frequency, manifestations and complications it is essential to perform regular ocular examinations in patients with SLE.

Source: EMBASE
Available in fulltext at Lupus; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
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51. Transient myopic shifting in systemic lupus erythematosus
Author(s) Hung KC, Hsueh PY, Wang NK, Su WW, Tan HY
Citation: Lupus, March 2011, vol./is. 20/3(334-5), 0961-2033;1477-0962 (2011 Mar)
Publication Date: March 2011
Source: Medline
Available in fulltext at Lupus; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
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52. Retinopathy as the initial presentation of systemic lupus erythematosus
Author(s) Eddleman K., Johnson D.
Citation: Journal of Investigative Medicine, February 2011, vol./is. 59/2(392-393), 1081-5589 (February 2011)
Publication Date: February 2011
Abstract: Case Report: Retinopathy is one of the most serious ocular manifestations of SLE and remains the leading cause of blindness in these patients. Herein, we report a case of retinopathy as the initial presentation of SLE. A 25 y/o BF presented to the UMC ED with complaints of blurry vision, weakness, fever, and fatigue for the last several months. The patient had been seen by a local optometrist and ophthalmologist who both recommended further workup with LP as well as MRI. The patient declined and had been lost to follow up until this presentation. The physical exam was normal other than severely decreased visual acuity. Pertinent initial lab values were: Alb-3.0, Wbc-4.3, Hct 19.2, Platelet 16, ESR-116, UA-30+ protein, large blood, 48 RBC, ANA +, C3-99, C4-16, Coombs +, Antiphospholipid -. A MRI brain showed hemorrhage within the posterior uveoscleral junction of bilateral orbits in the regions of the optic disks. Ophthalmology was consulted and after fluorescein angiography felt that the patient had active retinopathy. A kidney biopsy was also performed with results revealing class V lupus nephritis. The patient received 1 gram of solumedrol daily for 3 days as well as 1 gram of cytostan. The patient showed improvement in her vision prior to discharge and is scheduled to follow up in our clinic for further evaluation and treatment. Retinopathy remains a very real and serious manifestation of SLE and can present at any time during the disease course. Aggressive treatment should be initiated early and may prevent the progression to blindness.
Source: EMBASE

53. Systemic lupus erythematosus - An update
Systemic lupus erythematosus (SLE) is a complex multisystem autoimmune disease with a relapsing and remitting course. In the UK, the prevalence has been estimated as 25 per 100,000, and the annual incidence as 5.3 for females and 0.7 for males per 100,000. Mortality rates for people with SLE have improved over the years. Here we update our 1996 review on the management of SLE and discuss recent developments, including the use of biological agents.

Blindness caused by severe vasculitis or uveitis is rare in juvenile systemic lupus erythematosus (JSLE) patients. In a 27-year period, 5367 patients were followed at our Paediatric Rheumatology Division and 263 (4.9%) patients had JSLE (American College of Rheumatology criteria). Of note, two (0.8%) of them had irreversible blindness. One of them presented with cutaneous vasculitis and malar rash, associated with pain and redness in both eyes, impairment of visual acuity due to iridocyclitis and severe retinal vasculitis with haemorrhage. Another patient had peripheral polyneuropathy of the four limbs and received immunosuppressive drugs. Three weeks later, she developed diffuse herpes zoster associated with acute blindness due to bilateral retinal necrotizing vasculitis compatible with varicella zoster virus ocular infection. Despite prompt treatment, both patients suffered rapid irreversible blindness. In conclusion, irreversible blindness due to retinal vasculitis and/or uveitis is a rare and severe lupus manifestation, particularly associated with disease activity and viral infection.

This is a case-report of a patient who came to our Eye Emergency Room for acute onset of myopia and asthenia. The purpose is to evaluate the causes of acute myopia in a 28 year old woman with a family history of rheumatic diseases and a positive antibody titer (ANA). The UBM-study showed a 360degree choroidal effusion and the hematological analysis showed mild anemia, lymphocytosis and ANA antibodies were positive. All that signs could suggest a vasculitis-like onset of an autoimmune disease, involving the eye first. Although the diagnosis of Systemic Lupus Erythematosus (SLE) or other autoimmune diseases cannot be confirmed according to the rheumatologic criteria, the vasculitic ocular
manifestations with positive antibodies in the young woman need further evaluation because it seems to be enough to refer the patient to a rheumatology follow-up.

**Source:** Medline