**CASE REPORT**

**Oral Manifestations of Systemic Lupus Erythematosus: A Case Report**

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**Abstract**

Systemic Lupus Erythematosus (SLE) is a chronic inflammatory autoimmune disease. The etiology is unknown with multiple organ involvement. This paper reports the oral manifestations of systemic lupus erythematosus in a 28-year-old female patient with presenting complaints of ulcers in the oral cavity, joint pains and back pain, and inability to chew food.

Keywords: Dental considerations; Oral manifestations; Systemic Lupus Erythematosus

**Introduction**

Systemic Lupus Erythematosus (SLE) is a chronic inflammatory autoimmune disease with unknown etiology. As occurs in other autoimmune diseases, the immune system attacks the body’s cells and tissue, resulting in inflammation and tissue damage. SLE is a Type III hypersensitivity reaction in which antibody immune complexes precipitate and cause a further immune response. It appears in two basic forms, Systemic Lupus Erythematosus and Discoid Lupus Erythematosus. Abnormal serum antibodies and immune complexes characterize the disease. The disease can affect any organ system and therefore a variety of clinical manifestations are seen. Although the disease may affect children or older individuals, the peak incidence is between 20 and 40 years. Lupus Erythematosus may occur ten times more frequently in females. This paper reports the oral manifestations of systemic lupus erythematosus in a 28-year-old female patient.

**Case Report**

A 28-year-old female patient was referred from the department of Nephrology to outpatient clinic of Dental Surgery in King George Hospital, Visakhapatnam, India with a chief complaint of ulcers in the oral cavity, joint pains, back pains, inability to chew food. On clinical examination patient had elevated body temperature. History reveals that she had similar episodes two years back. Patient was anemic with puffiness of the face, pigmentation on the nose and edema of the feet. In 1997 American College of Rheumatology outlined a diagnostic criteria for SLE. A person has systemic lupus erythematosus if he or she meets any four of the 11 criteria simultaneously or in succession. These are malar rash, discoid rash, photosensitivity, oral ulcers, nonerosive arthritis, serositis, renal disorder, neurologic disorder, hematologic disorder, immunologic disorder, or antinuclear antibody positive.

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The dental treatment plan was to maintain oral hygiene, analgesics and recurrent follow up visits to monitor the oral health status. She was instructed to use a soft-bristled toothbrush, toothpaste with fluoride to prevent caries. She was advised to avoid hot and spicy foods and acidic fruits, as they can aggravate oral sores and lesions and a lip balm with SPF was prescribed to protect the dry and scaly lips. Because of the serious progressive nature of the disease, the patient was referred to physician for further management.

**Discussion**

Lupus is an autoimmune disorder of unknown etiology, although it may be related to genetic, environmental, or hormonal factors. The hallmark feature in SLE is chronic inflammation. It can affect the skin, joints, kidneys, lungs, nervous system, serous membranes such as the pleura and pericardium, mucous membranes and other organs of the body. SLE is classified as acute and chronic forms i.e., Acute Systemic Lupus Erythematosus and Chronic Discoid Lupus Erythematosus. Lupus is universally prevalent and varies within ethnic groups; generally, Blacks, Hispanics, Asians, and Native Americans are most frequently affected. In addition, lupus is more prevalent among women between the ages of 15 and 50 than men.

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**Oral involvement is included in the diagnostic criteria recommended by Eries and Holman** and is even considered in the preliminary classification of SLE as established by Cohen et al. The most common sites for the lesions are the buccal mucosa, lips, the palate and alveolar ridges. The lesion heals in the central zone and breaks down at the periphery, causing lesion expansion. These lesions are susceptible to secondary infection and may, in rare circumstances, undergo transformation into carcinomas. Dental management of SLE is based on preventive dental hygiene care. Prescribing chlorhexidine mouth washes helps to contain periodontal disease. Mucous membrane ulcers can be treated with hydrogen peroxide gargle,
buttermilk gargle, or steroid impregnated gel. Intra lesional injection of corticosteroids are also effective. Bacterial, Viral and Fungal infections should be treated with conventional, proven therapy specific for the infection present. The abnormal antibodies occur in all autoimmune diseases, but the amount is significantly higher in Systemic Lupus Erythematosus. The autoantibodies are directed against nucleoprotein, erythrocytes, leucocytes, platelets, coagulation factors and liver, kidney and heart tissue.

**Conclusion**

Although the diagnosis of oral lesions of Lupus Erythematosus is often emphasized, treatment of the patient with Systemic Lupus Erythematosus is a much more common problem for dental practitioners. Dental management of Systemic Lupus Erythematosus patients requires a good understanding of general medicine.

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**References**


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