

'Lupus : A disease of our time'

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Doctor. Do you have any patients in your practice with migraine, or recurrent miscarriage, or stillbirth, or unexplained DVT, or young (under 45) stroke?

These are all clinical features of 'sticky blood' – a preventable/treatable condition known as the "antiphospholipid syndrome", diagnosed by a simple blood test, and treated in many cases by as simple a medicine as baby aspirin.....and a condition discovered during studies of lupus.

Lupus has, certainly since the time of most of us training in medicine, been thought of as a rare, 'small print' disease, complex and life threatening.

It is also a 'recent' disease. Apart from some pathological descriptions, little was known of it – possibly until William Osler's clinical observations in the late 1800's.

The "big bang" in lupus came in 1948 with the description of the "LE cell", a test which focussed attention on the broad canvas of the disease.

In 1966, 4 groups discovered anti-DNA antibodies, brought into clinical practice with the sensitive anti-DNA assay in 1969/71.

The growth of lupus worldwide has been phenomenal – in some countries, notably in the Far East, overtaking rheumatoid arthritis in prevalence. The monthly series "Lupus Around The World", published in the international journal LUPUS, features large series from almost all countries – with the interesting exception of Africa.

In 1983, a group of patients attending a lupus clinic were found to have a recognisable collection of features – recurrent thrombosis (including arterial thrombosis such as stroke and heart attack), and in pregnancy, recurrent pregnancy loss.

This condition, known widely as "the antiphospholipid syndrome" (after the diagnostic antibody) has brought lupus and its relatives into the diagnostic compass of every clinical practitioner.

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