



AB007. Development and onset of autoimmune diseases in cutaneous lupus erythematosus patients

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Abstract: Patients with systemic lupus erythematosus (SLE) harbor an increased risk for developing additional autoimmune diseases. A recent cross-sectional study reported that cutaneous lupus erythematosus (CLE) patients without SLE also had significantly elevated rates of co-existing autoimmune disease(s). In a case-control study, we characterized the timing and prevalence of autoimmune diseases in a group of 122 CLE patients in relation to their CLE diagnosis and identified demographic and clinical factors associated with the presence of additional autoimmune diagnosis. 117 patients with SLE were used as controls. At the time of lupus diagnosis, 12.3% of CLE and 16.2% of SLE patients had a prior-onset autoimmune disease (P=0.383). After lupus diagnosis, 19.7% of CLE

and 17.95% of SLE patients had a new-onset autoimmune disease (P=0.687). For CLE patients, the most common prior-onset and new-onset diagnoses were autoimmune thyroid disease and SLE, respectively. Univariate analysis showed that patients with prior-onset disease were older (P=0.019) and more likely to be antinuclear antibody (ANA) positive (P<0.001) at CLE diagnosis. Patients with new-onset autoimmune disease were more likely to be ANA positive at any point during follow-up (P=0.001). Multivariate analyses showed that positive ANA was significantly associated with prior-onset [odds ratio (OR) 6.95, P=0.001] and new-onset autoimmune diagnosis (OR 5.65, P=0.003). These results demonstrated an elevated and persistent risk for acquiring autoimmune diseases in CLE patients similar to that seen for SLE patients. CLE patients with positive ANA histories have an even greater risk for additional autoimmune conditions, which may help providers focus their screenings.

Keywords: Cutaneous LE; other autoimmune diseases

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