Systemic Lupus Erythematosus in Children

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In about 15% of cases systemic lupus erythematosus (SLE) has its onset before 16 years of age. Very rare before 5 years of age, it occurs more frequently during adolescence. The disease in pediatric age is similar to that observed in adults.

Some disease manifestations are uncommon in children: these includes isolated discoid lupus and Sjogren's syndrome. Renal involvement on the contrary occurs more frequently than in adults. Overall, 60%-80% of children with systemic lupus erythematosus have abnormalities of the urinary tests or of renal function early in the course of the disease. Long-term prognosis is however similar to that observed in adults.

Treatment aspects that are peculiar to children include drug side effects, such as growth inhibition induced by steroids, the need to consider morbidity-related issues with respect to the very long life expectancy of patients and the problems related to the psychological impact of the disease in adolescence. Adolescents are developing their personality, struggling to assert their independence, building their self-esteem and body image and confronting their situation with that of peers; they may rebel to the disease and consequences of this rebellion may include depression, medication non compliance and familial disruption.

Only in recent years some issues specifically related to juvenile SLE have started to be addressed. These include risk factors for precocious atherosclerosis, the quality of life perceived by the patient and its family, the definition of age related instruments to evaluate disease activity and damage.

The recent availability of a childhood SLE definition of improvement and the presence of large international paediatric rheumatology networks should facilitate in the future the implementation of controlled clinical trials devoted to paediatric SLE.