

There is Nothing as Too Early but Definitely as too Late Study on Time of Diagnosis to Outcome in Children with SLE

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Abstract: 10 children diagnosed with SLE on the basis of American College of Rheumatology who came with wide ranges of symptoms including Anaemia, Pyrexia of unknown origin, meningitis and convulsions were taken and Time of first symptom, time of first hospital visit, time of diagnosis and outcome of the disease were noted in data entry sheet along with age, presenting symptom and the disease outcome were noted. For analysing the severity, we numerated the outcome to 0 - 5, 1 being management on OPD basis, 2 being ward admission, 3 being requiring IV medications, 4 requiring intensive care and 5 being death. 3 out of 10 children succumbed and were attributed to have late diagnosis, the rest were diagnosed earlier and had better outcome

Keywords: SLE, Delayed diagnosis, American college of rheumatology

1. Introduction

SLE is an autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage.

2. Aims

The mortality and morbidity caused by SLE and its delayed diagnosis comparing them to the time of diagnosis

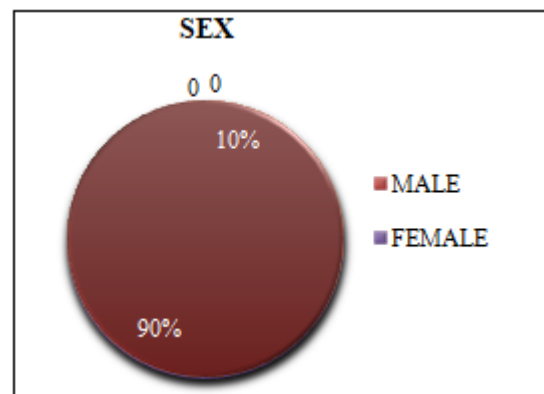
3. Method

We included a hospital - based data from the PICU and paediatric ward of MGM hospital, of months March to September, 2022

- Retrospective Cohort Study - Observational Study
- Study Period: June To September'2022
- Site: Pediatric Ward and Level 3 PICU of Tertiary Care Unit, MGM Hospital, Navi Mumbai
- Sample Size: 10
- Inclusion Criteria: children who were diagnosed newly as SLE in our hospital on the basis of clinical findings and laboratory findings (CBC, ANA, UPCR, INFLAMMATORY MARKERS INCLUDING ESR, CRP)
- Minimum 4 Criteria for Diagnosis of SLE Based on Revised Classification Criteria by American College of Rheumatology 1997)

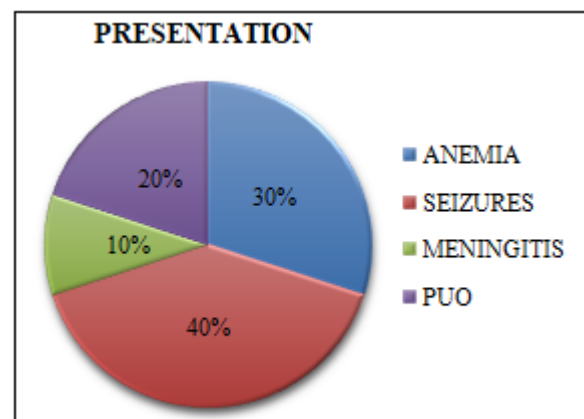
4. Study

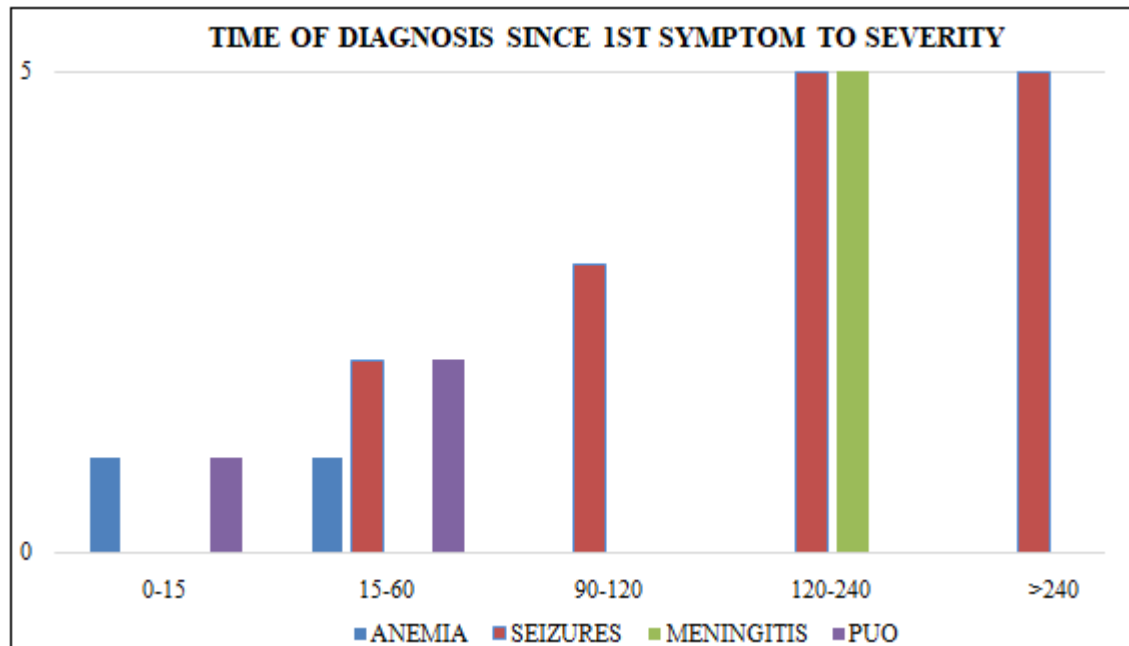
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5. Discussion

- For analysing the severity, we numerated it to 0 - 5
- Different presenting symptoms, time of diagnosis and severity were studied
- Children with fever or simply lethargy, diagnosed earlier within 1 - 2 months were started on HCQ, MTX and showed good outcome
- Children who came with seizures were secondary to end organ damage
- One child who came with meningitis, succumbed to sepsis and had macrophage activation and could not be saved due to complications of MAS.

6. Conclusion

By analyzing the different presenting symptoms with the time of diagnosis to the severity of outcome from a simple prescription to oral immunosuppressants to death, we have found that the more the delay of diagnosis since the first presenting symptom, the outcome had worsened in the children.

The long time between the first physician's visit and diagnosis indicates that clinical factors (e. g., detection and classification of symptoms, diagnostics) most often contributed to the delay.

Despite increased physician's awareness, the longer time to diagnosis was associated with worse outcome. We intend to shorten the time to diagnosis and improve the long - term outcome of the disease.

References

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