

Systemic Lupus Erythematosus-An Opinion Article

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Opinion Article

Systemic lupus erythematosus (SLE) is a systemic autoimmune disease that causes frequent hematological disorders. Thrombocytopenia can occur in 30% of patients with SLE according to some series [1]. Typically, such alterations are controlled with classical immunosuppressants such as oral steroids, hydroxychloroquine, azathioprine and others. In some cases requires the use of more aggressive intravenous immunosuppression as cyclophosphamide, steroids and intravenous immunoglobulins, biological drugs or splenectomy [2].

We recently published the case of a 39 year old woman with SLE, severe thrombocytopenia (5000 platelets/microl) and day bleeding, refractory to different treatments (prednisone 0.5 mg/kg, mycophenolate 2 mg/kg/day, azathioprine 100 mg/day and rituximab). After discussing the case with hematology we decided to start therapy with eltrombopag (thrombopoietin-receptor agonist) [3].

Thrombopoietin induce megakaryocyte maturation [1]. In immune thrombocytopenia, autoantibodies produced by autoreactive B cells binding to megakaryocyte membranes could interfere with megakaryocyte maturation, thus resulting in decreased platelet production [2]. It has been shown anti-thrombopoietin antibodies in patients with SLE [4].

Thrombopoietin-receptor agonist is available in many countries for the treatment of chronic immune thrombocytopenia with an insufficient response to others immunosuppressants [5]. There have been reports of thrombocytopenia in patients with SLE who have been treated with these drugs with good results [3,4].

Thrombopoietin-receptor agonists also have side effects such as headache, nasopharyngitis, upper respiratory tract infection, fatigue

and thrombosis [6]. In the case of SLE with secondary antiphospholipid syndrome, they have already been reported some cases in which there have been an increase of thrombosis in patients taking eltrombopag [7].

In patients with SLE and thrombocytopenia refractory to other treatments, thrombopoietin-receptor agonists can be a therapeutic alternative, but we must be cautious in patients at high risk of thrombotic events.

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