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Systemic erythematosus lupus (SLE) associated with a positive PR3-ANCA: A case report

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The objective of this work is to report and discuss the case of a patient who fulfilled the criteria for Systemic erythematosus lupus (SLE) and presented high rates of anti-proteinase 3 antibodies (anti-PR3). We report the case of a 68-year-old man who presented at the onset of the disease an important asthenia and a significant loss of weight (more than 10 kg in few months). He consulted for a sudden and severe dyspnea, chest pain and a fever. The clinical examination done by his doctor revealed a pleural effusion and an edema of his legs. Few weeks later, new symptoms appeared: Abdominal pain, arthralgias and proteinuria. An inflammatory syndrome was noticed at diagnosis with a high rate of CRP (CRP=96). Concerning the immunological tests, a very high titer of ANA (homogenous 1/1000) with positive anti-DNAn antibodies on crithidia luciliae was found. This patient had also a cytoplasmic-ANCA (c-ANCA) with a titer of 1/80 and his anti-PR3 antibodies were at a rate of 132 U/ml (Normal value<20 U/ml). Few cases of associations between SLE and AAV were reported in the literature and all of them had MPO-ANCAs. To the best of our knowledge, to date there have been no case reports of AAV with positive anti-PR3 antibodies in patients with SLE. The diagnosis of AAV in the setting of SLE is a real challenge and it's crucial to establish it in order to choose the best treatment approach.

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The predictors of quality of life among selected adults with chronic kidney disease on hemodialysis

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Hemodialysis is both life-saving and life-altering, as it changes patients' patterns of daily living. The degrees of lifestyle change needed from adherence to diet and medications to the symptom burden affect patients' quality of life (QOL). For people living on hemodialysis, QOL scores become both a critical outcome as well as an indicator of morbidity and mortality; therefore, it is essential to examine the predictors that can affect QOL among HD patients in order to help improve their daily living and medical treatment. This study examined the relationship of predictors like age, weight, treatment adherence, social support and educational level on the QOL scores: Physical Composite Score (PCS), Mental Composite Score (MCS) and Kidney Disease Component Summary (KDCS). The respondents, adult CKD patients on hemodialysis in a private tertiary hospital in the Philippines were chosen through convenience sampling. A validated Filipino version of Kidney Disease Quality of Life Short Form Version 1.3 was utilized. Bivariate correlation and multiple linear regressions were then used in data analysis. It is concluded that PCS might be predicted by treatment adherence while social support and educational level could be predictors to MCS. In contrast with previous studies, it was found out that rare treatment adherence can seemingly have a positive effect with MCS. It might be due to fact that the treatment-related lifestyle restrictions could affect patients' personal illness beliefs, sense of control, leading to depression, and in turn adversely influence coping and adjustment. For KDCS, treatment adherence and social support showed positive correlation, while age showed inverse relationship, unlike with previous studies. Nurses and other healthcare providers should consider the impact of these significant predictors when rendering care for adult HD patients in order to improve their quality of life.

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