

# ABSTRACT

## THE IMMUNOPATHOLOGY OF SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) IN TRINIDAD AND TOBAGO

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The incidence of Systemic Lupus Erythematosus (SLE) in Trinidad and Tobago is high with a similar figure to that in North America, but is significantly higher than in Africa. The incidence is more common in the Black females than in the other ethnic groups in Trinidad and Tobago. Severe renal disease was exceptionally common among all patients with SLE (57%) but the frequency was much higher in the Blacks (67%). The incidence of renal disease during the first year of disease presentation was higher in the Afro-Trinidadian (80%) than in the Indo-Trinidadian patients (59%). Death from renal failure was strongly associated with the dsDNA (74%) and the Sm (41%) antibodies. A remarkably high percentage (71%) of patients with the dsDNA antibodies had proteinuria compared to 42% without the antibody. Forty-two percent (42%) of the patients who had the nRNP<sup>+</sup>Sm<sup>+</sup> profile had renal failure compared to only 11% of those patients with the nRNP<sup>+</sup>Sm<sup>-</sup> profile. Of the 8 patients with the dsDNA<sup>+</sup>SS-A<sup>+</sup> profile who died, all died from renal failure within 3 months to 5 years from the time of disease presentation. The presence of a lupus band comprising IgG, IgA, IgM and C3 was strongly associated with renal disease and it is interesting to note that 68% of these patients had renal involvement. There was also a striking association between a positive lupus band and the presence of mucosal ulcers. The HLA DR2 antigen seems to be a risk factor in acquiring SLE in the Indo-Trinidadians.