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|  | **Diagnosing Lupus:**  Diagnosing Lupus is not an easy task because Lupus is such a complex disease with so many different symptoms and complications. There is not a single test to give a positive diagnosis, but instead there are numerous tests and criteria that must be met for a patient to receive a positive diagnosis. An official diagnosis of Lupus can take anywhere from a few weeks to ten years, depending on the experience of the doctor and compatibility and cooperation of the patient. Even though doctors believe that patients must be genetically predisposed to the disease, Lupus cannot be diagnosed in utero. The first step in diagnosing Lupus is an exam by a rheumatologist, who is a musculoskelatal and immune specialist. The exam will start by the patient explaining his or her family and personal medical history, as well as his or her symptoms. The patient will also be asked about any allergies, alcohol or drug use, over the counter medications he or she is taking, or past surgeries. Next, the doctor will perform a physical exam where they will do the Rheumatic review of symptoms. As published by Dr. Wallace in *The Lupus Book*, this exam include the following:  **Rheumatic Review of Symptoms:**  1. Constitutional symptoms: fever, weight loss, malaise  2. Head and Neck Review: cataracts, glaucoma, dry eyes, dry mouth, eye pain, double vision, loss of vision, iritis, conjunctivitis, ringing in the ears, loss of hearing, frequent ear infections, frequent nosebleeds, smell abnormalities, frequent sinus infections, sores in nose or mouth, dental problems, or fullness in the neck.  3. The Cardiopulmonary Area: ask about asthma, bronchitis, emphysema, tuberculosis, pleurisy (pain in deep breathing), shortness of breath, pneumonia, high blood pressure, chest pains, rheumatic fever, heart murmur, heart attack, palpitations or irregular heartbeats, use of cardia or hypertension medications.  4. The Gastrointestinal System: Swallowing difficulties, sever nausea or vomiting, diarrhea, constipation, unusual eating habits, hepatitis, ulcers, gallstones, blood in stool or vomit, diverticulitis, colitis, or pancreatitis.  5. The Genitourinary Area: Ask about frequent bladder infections, kidney stones, blood or protein in urine, history of venereal diseases, false-positive syphilis tests, obstetric history in women, miscarriages, breast disorders and surgeries, and menstrual problems.  6. Hematologic and Immune Factors: How easily he or she bruises, anemia, low white blood cell or platelet counts, swollen glands, or frequent infections.  7. A Neuropsychiatric History: headaches, seizures, numbness or tingling, fainting, psychiatric or antidepressant interventions, substance abuse, difficulty sleeping and "cognitive dysfunction" (a subtle sense of difficulty in thinking or articulating clearly)  8. Musculoskelatal Features: history of joint pain, stiffness, or swelling, gout, muscle pains or weakness.  9. The Endocrine System: questions about thyroid disease, diabetes, or high cholesterol levels.  10. The Vascular History: uncover prior episodes of phlebitis, clots, strokes, Raynaud�s Phenomenon  11. Skin: sun sensitivity, hair loss, mouth sores, "butterfly rash", psoriasis, or other rashes  The rheumatologist will also extensive lab work including the ANA and anti-DNA tests repetitively because they can change, the Smith test, ENA screen (anti-SM, anti-SSA, anti-SSB), Sjogrens Test, anti-cardiolipids (IgG, IgA, IgM), PTT (clotting time for anticoagulant), Syphilis (for anti-coagulant), compliment levels (C3 and C4), RNP, Ro, La antibody test, LE factor, low complement proteins, Sedimentation (sed rates), ESR (erythrocyte sedimentation rate), measure level of plasma fibrinogen blood cells (red), and the rheumatoid factor (RF) (Wallace). Additional tests to diagnose Lupus may include chest X-rays, urinalysis showing blood, casts, or protein in urine; kidney biopsy; WBC count, ultrasound, and CAT-Scans (Computerized axial tomography) (Excite Health 2). All of these tests can be helpful in the diagnosis, but not one in a sure bet. The most important thing a rheumatologist must consider is the eleven criteria for Systematic Lupus, which can be found in the previous section of "What is Lupus?"  Once a diagnosis is made, the Rheumatologist and patient must work together to find any other complimentary diseases of Lupus that the patient might have. Some diseases that often overlap Lupus are fibromyalgia, hormonal imbalance, blood or tissue malignancies form lymphoma to breast cancer, autoimmune hepatitis, Hughes Syndrome, Scleroderma, Polymyositis or Dermatomyositis, Jo-L Syndrome, C.T.D. Key Points, Sjorgen�s Syndrome, Mixed Connective Tissue, rheumatoid arthritis, Raynaud�s, and inflammatory myositis. As opposed to the diseases that compliment Lupus, several disease are also negatively associated with Lupus such as amyloidosis, carcoidosis, ankyloging spondylitis, AIDS, and even cancer.  As you can see, the diagnosis process can be long and grueling but if a person displays any symptoms of Lupus, it is important to go through these procedures. If a person is diagnosed with Systematic Lupus, it is especially important to immediately deal with the problem and seek proper treatment of the disease.  ([Next)](http://docs.google.com/intro7.html) | |
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