

SLE and Back Pain

As mentioned in previous works Osteomyelitis can cause back pain, yet back pain is also caused from SLE, or Systemic lupus Erythematosus.

Osteomyelitis causes back pain, since the disease merges a bacterial infection that spreads to the soft tissues and bones. Infections, open trauma, staphylococcus aureus, and hemolytic streptococcus are linking causes of Osteomyelitis. Staphylococcus aureus is a bacterium that occurs in clusters that resemble grapes. The bacteria typically inhabit the skin and the mucous membrane, which causes the disease Osteomyelitis. Hemolytic is the ruin or damage of blood cells, such as the red cells. The condition causes the cells to release hemoglobin. Streptococcus is a round-shape bacterium that causes Osteomyelitis, since it sets up scarlet fever, pneumonia, etc. The disease or bacteria are linked as a chain or in pairs. Combine Streptococcus with hemolytic and you have the destruction that sets in pain.

According to the physical aspects of Osteomyelitis, organisms spread to the bones via open wounds, or the bloodstream. The infection sets in, causing destruction, which leads to Sequestra, or fragment bone necroses. Necroses are dying tissues and cells that merge from the disease and/or injury.

Like osteoporosis, Osteomyelitis has similar traits. The disease causes muscle spasms, rises in body temperature, tachycardia, and bone pain, increasing movement and pain, and so on.

Doctors often use blood cultures, hematology tests, wound cultures, bone scans, and bone biopsy to discover Osteomyelitis.

Yet, to discover SLE doctors often use ANA tests, blood chemistry, urine tests, LE Preps, Rheumatoid factors, and hematology. If the tests show decreases in WBC, HCT, Hgb, and increases in ESR, thus additional tests are conducted. Doctors will search for rheumatoid symptoms, proteinuria and hematuria, as well as decreases in fixations and positive results of ANA.

Once positive results make itself available, management, intervention, and continued assessment takes place.

Symptoms:

SLE symptoms include ulcers at the mouth or nasopharyngeal. Additional symptoms include alopecia, anorexia, photosensitivity, lymphadenopathy, muscle pain, low-scale fevers, weight loss, abnormal pain, erythema of the palms, weakness, malaise, and so on. Diagnostic tests are conducted when the symptoms merge, which if the results show present symptoms the patient is setup with a management plan.

The plan often includes diet. The diet is high in protein, iron, vitamins, etc, which Vitamin C is the top supplement doctors recommend. The patient continues testing, which include lab tests, studies, etc. Vitamins and minerals are increased as well. Rest cycles are important if you are diagnosed with SLE.

SLE can lead to degeneration of the basal layers in the skin, necrosis (Tissue Death) of the lymph node and glomerular capillaries. Ocular blood vessels merge from the infection as well as inflamed cerebral, and so on. The disease causes muscle pain, seizures, congested heart failure, infections, depression of muscles, and peripheral neuropathy as well.

How to maintain your condition:

Doctors recommend that patients diagnosed with SLE stops smoking. In addition, intervals of bed rest are recommended. Of course, you should visit your doctor frequently and learn more about your condition. Your doctor will study your condition, as well as monitor its symptoms. You want to keep an eye out for infections. If you notice swelling, pain, or related symptoms you should notify your doctor immediately.

SLE is a bone condition that causes back pain. Since pain starts in one area of the body, it may travel to other locations. Try to take notes at each area where you experience pain and let your doctor know. Keeping informed is essential in treating your condition, as well when your doctor is informed he/she can also learn new steps to minimize your pain.