

# MODERN CONCEPTS OF EPIDEMIOLOGY, ETIOPATHOGENESIS, DIAGNOSIS, CLINICAL PICTURE AND TREATMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS

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**Relevance of the research topic.** The problem of cerebral circulatory disorders, which are based on vascular lesions of the nervous system, continues to be the most important and priority in modern clinical medicine (Vilensky B.S., 2008; Piradov M.A., 2010; Gusev E.I., 2012; Kamchatnov P.P., 2012). Stroke ranks second in the structure of mortality worldwide and is the leading cause of disability in economically developed countries ( Gudkova V.V., Stakhovskaya L.V., 2011; Gusev E.I., Skvortsova V.I., 2012; Murray S.J.L., Lopez AD, 2008). Currently, much attention is paid to the study of the pathogenetic mechanisms of cerebrovascular pathology (CVP). The main controllable and uncontrollable risk factors (RF) of cerebrovascular diseases have been established, however, other causes of development of vascular pathology of the brain (various clinical forms of vasculopathy and vasculitis) remain less studied. One of the most striking nosological forms of these diseases is systemic lupus erythematosus (SLE), which mainly affects young women, develops against the background of genetic imperfection of immunoregulatory mechanisms, and is characterized by early disability and high mortality. The annual primary incidence is 5-7 cases per 100,000 inhabitants. More than 70% of patients develop SLE at the age of 14-40 years, the peak incidence is in the age group of 14-25 years, of which 90% are women. Most often, neurological disorders in SLE are caused by vascular pathology, which includes vasculopathy (approximately 65%), immune complex vasculitis (10-15%), and thrombosis of cerebral vessels (up to 15%) (Nasonova V. A., 1989; Ivanova M. M., 2007; Hanly JG et al, 2008).

The features of the etiopathogenesis and clinical picture of SLE suggest the presence of additional ("specific") risk factors for CVP against the background of the lupus process (course, activity, duration of the disease, secondary antiphospholipid syndrome (APS), etc.) (Nasonov E. L., 2004), but at present there is no clear data on the role of these factors and their relationship with the development of CVP. The study of the frequency, structure, and features of the course of CVP in women with SLE has not been previously conducted, which determined the relevance of this study.

**The aim of the study:** to study the frequency, structure, risk factors and variants of the clinical course of cerebrovascular pathology in women with systemic lupus erythematosus, and to develop tactics of treatment and preventive measures for cerebrovascular disorders in these patients.

**Research objectives:** 1. To study the frequency and structure of nervous system lesions, including cerebrovascular pathology, in women with systemic lupus erythematosus. 2. To determine prognostically significant risk factors for cerebrovascular pathology in women with systemic lupus erythematosus. 3. To identify and study variants of the clinical course of cerebrovascular pathology in women with systemic lupus erythematosus.

**Results of the study.** Systemic lupus erythematosus is a chronic autoimmune disease of unknown etiology, pathogenetically associated with disorders of immunoregulation, which are the cause of hyperproduction of a wide range of organ-nonspecific autoantibodies to various

components of the nucleus and immune complexes that cause immune-inflammatory tissue damage and dysfunction of internal organs. The disease is characterized by multivariable manifestations, course and prognosis, the presence of exacerbations and remissions. Lupus is a word of Latin origin, meaning "wolf", used since the medieval period to denote various skin lesions characterized by deep wounds similar to traces of a wolf bite. Another hypothesis for the origin of this term is associated with medieval superstitions, for example, the fearsome theory of magical reincarnation of some people into animals, in this case lycanthropy (delusion of incarnation into a wolf). Autoimmune diseases are understood as such pathological conditions, the development of which is associated with cellular and / or humoral immune reactions against components of one's own tissues, causing structural or functional disorders in target organs. These diseases affect 5-7% of the world's population, develop more often in women and are considered the most common cause of chronic human pathology.

**Conclusions:** Thus, the pathogenetic factors influencing the occurrence and development of SLE are: multifactorial predisposition associated with gender (women) and age (up to 40 years), genetically determined autoimmune and closely related immune complex process, as well as chronic viral infection (currently unknown).

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