ANTIPHOSPHOLIPID SYNDROME IN CHILDHOOD ONSET SYSTEMIC LUPUS ERYTHEMATOSUS

Sir,

The occurrence of antiphospholipid syndrome in childhood onset SLE has been reported variably. We compared retrospectively, the occurrence of antiphospholipid syndrome in both childhood and adult onset SLE seen in our unit over one year period. Of the 76 patients, 18 (24%) were of childhood onset variety. This is comparable to that available in literature. Antiphospholipid syndrome was present in 55.5% of childhood onset and 13.7% of adult onset SLE patients (P=0.025).

There was a slightly high male prevalence and longer disease duration in the childhood onset SLE as compared to the adult onset SLE. Fever was the main presentation in childhood onset SLE in contrast to polyarthralgia or arthritis in the adult onset subset. The major events included deep vein thrombosis of leg, arterial occlusion and gangrene of toes, myelopathy in childhood onset SLE and mitral regurgitation, bortion, thalamic infarct and pulmonary embolism in adults.

Lupus headache, which is thought to be a manifestation of presence of antiphospholipid antibodies, was present in five and seven patients respectively in childhood and adult onset lupus patients. Incidence of renal lupus in our patients was comparable in both groups, although literature shows a higher incidence of renal lupus in pediatric SLE. A larger study with renal biopsy may show the real picture in our population. Focal neurological deficits, lupus headaches, myelopathy, cardiac valvular lesions have all been attributed to APS. Although neurological and vasculitic complications appeared higher in childhood onset SLE, this difference did not reach statistical significance. Reports claim that majority of CNS lupus features are due to APS, rather than vasculitis or other autoantibodies. In adults, history of abortion was the main presentation of APS, going by the conventional criteria. However major morbidity events like pulmonary embolism and death were also seen only in the adult onset subset.

Since significantly higher number of childhood onset lupus patients had APS features in this study, it may be an important determinant of morbidity and outcome in childhood onset SLE, especially in relation to neurological involvement. Our prevalence could be low because of the retrospective nature of our study and also because antiphospholipid antibodies were not tested in all patients, unless it was strongly suspected.

In conclusion, childhood onset SLE seems to be having a higher prevalence of APS. A prospective study involving a larger number of Indian patients may be needed to predict outcome and decide on anti coagulation therapy.

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LETTER TO EDITOR

SMOKING PATTERN AMONG THE WORKERS ENGAGED IN TEXTILE INDUSTRIES OF DESERT DISTRICTS OF RAJASTHAN

Sir,

Nearly 21000 workers are engaged in various type of activities in textile industries located in desert districts of Rajasthan. These workers are also exposed to harsh conditions of desert besides to the hazards of the textile industry and due to higher stress of work, most of them start smoking which further lead to various health problems viz. cancer, cardiovascular disease, tuberculosis, etc. Though the studies exist from different parts of country on the smoking habits but none from desert areas. With this aim, pattern of smoking was studied in the textile workers of Jodhpur and Pali districts so that the findings of this can be utilized while planning antismoking campaigns for them.

In desert parts of Rajasthan majority of textile industries (21,000 workers engaged in 700 units) are situated in Pali, Jodhpur and Barmer districts. WHO criteria for random sampling was used in estimating the sample size (10% prevalence of malnutrition and 20% relative precision as observed in earlier studies). The required sample size for workers was estimated 864 and comparative group was 430 (fifty percent of the required sample). The industries were selected by systematic sampling and the individuals by Simple Random Sampling. A total of 1240 individuals involved in various
activities of textile industry such as dyeing, printing and bleaching were interviewed out of which 845 were textile workers from 33 textile industries, and 395 comparative group non textile workers. From each worker, information on Socio-demographic aspects and smoking habits were recorded in pre-structured schedules. The workers, who worked in the textile industry for at least one year were considered for the present study. Chi-square test and proportion test were applied.

Analysis of data revealed that 96.9 percent were male workers and majority of workers (55.3%) belonged to 18 to 30 years age group.

Among textile group 51.4 percent workers were smokers whereas in comparative group, 46.8 percent. Percentage of smokers were observed to be significantly higher in the textile workers than comparative group (P<0.05). The work category-wise the highest smokers were found among the printing group (34.5%) followed by finishing (33.6%), Dying (22.9%) and least in the bleaching and caustising (8.9%).

Smoking ‘Beeri’ and consuming ‘Gutka’ were higher in textile workers (25.0 and 30.1%) than comparative group (16.7 and 24.8%), whereas, the percentages of consumers of ‘Zarda’ and ‘Cigarette’ were significantly higher in comparative group (50.8 and 5.9%) than textile workers (P<0.05). It means that textile workers opt for the smoking which is cheaper, easily available and contains higher tobacco contents which give them more relaxation during their heavy work in contrast to the comparative group.

Age-wise distribution of smokers revealed high percentage of workers (53.5%) than comparative group (50.2%) in less than 30 years age groups. Religion showed no association with smoking but in Muslims, percentage of smoking was higher in textile workers (8.5%) than comparative group (2.7%) though statistically insignificant (P>0.05).

Education-wise, upto primary standard, the percentage of smokers was observed significantly high (55.1%) in the textile workers showing an inversely proportionate relationship whereas in comparative group, the association was found proportionate to the educational qualification which may be attributed either a status symbol or luxury.

Earlier studies reported from India on students showed prevalence of smoking varying from 7.1% to 8.2%.5 The high percentage (54%) of smokers in early age groups (upto 30 years) among textile workers may be due to their low education, as 55.1% of smokers were educated only upto primary standard, which is further responsible for their unawareness regarding the various hazards of the smoking in relation to health. So there is a strong need of organizing anti smoking campaigns for them to change their attitude towards smoking which in turn will be beneficial for their health.

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Indian J Med Sci Vol. 58 No. 11, November 2004

THROMBOPHILIA MARKERS IN ACUTE MYOCARDIAL INFARCTION OF THE YOUNG

Sir,
We have read the results of the study “Combination of thrombophilia markers in acute myocardial infarction (MI) of the young” published in Indian Journal of Medical Sciences with great interest.1 As already known, data about thrombophilic conditions are derived mainly from Caucasian populations and this study is especially important because it is one of the unique studies addressing thrombophilic factors in Indian population. Another unique feature of the study is the higher incidence of factor V Leiden in cases with arterial thrombosis (young acute MI patients) while factor V Leiden is reported considerably low in Indian population. According to the proposals based upon previous studies, it is accepted that hereditary thrombophilia is a major risk factor for venous thrombosis and it is not recommended to perform tests such as factor V Leiden and prothrombin gene mutation except antiphospholipid antibody and hyperhomocysteinemia.2 Parallel to these, it is interesting that in this study at least one thrombotic risk factor was established in 72.5% of cases with arterial thrombosis. We wonder whether the young acute MI study patients who have thrombotic risk factors (except dysfibrinogenemia, MTHFR and hyperhomocysteinemia) experienced any venous thrombotic event before? Finally, were these patients investigated for sticky platelet syndrome? As you know, sticky platelet syndrome is characterized by hyperagregability of platelets and it is accepted as the underlying cause in 21% of unexplained arterial events.3 In conclusion, as the authors implied, more comprehensive studies are needed in young MI patients for correct interpretation of the study results which are quite different from previous studies.

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