LUPUS FLARE

A flare is a period of increased disease activity or worsening of signs and symptoms in lupus.

COMMON TRIGGERS

- Sunlight / UV exposure
- Infections
- Stress, emotional or physical
- Missing medications / non-adherence
- Smoking
- Hormonal factors (estrogen, pregnancy)

COMMON SIGNS & SYMPTOMS

- Fatigue, weakness
- Fever
- Joint pain, stiffness, swelling
- Rash (especially butterfly rash)
- Mouth ulcers
- Hair loss
- Chest pain, breathlessness
- Headache, confusion, poor concentration

WHY FLARES OCCUR

Lupus is an autoimmune disease. When the immune system becomes overactive, it attacks normal tissues, causing inflammation and damage in various organs.

SYSTEMIC NATURE – MAY AFFECT ANY ORGAN

Kidneys	Heart	Lungs	Brain	Blood
(Lupus nephritis)	(Pericarditis, Myocarditis)	(Pleuritis, Pneumonitis)	(Neuropsychiatric lupus)	(Anemia, low WBC/platelets)

POSSIBLE ORGAN INVOLVEMENT DURING A FLARE

- Kidneys – protein in urine, swelling, high blood pressure, rising creatinine
- Brain / Nervous system – seizures, psychosis, memory problems, stroke-like symptoms
- Lungs – pleurisy (chest pain on breathing), shortness of breath
- Heart – chest pain, palpitations, pericarditis
- Blood – anemia, low white cells, low platelets, clotting problems
- Skin – rash, photosensitivity, hair loss, oral ulcers
- Joints – pain, swelling, morning stiffness

ZOOM MEETING

10/8/26

9-10 pm

No Registration
All are Welcome!

Join us for an academic discussion & learning in nephrology.

MANAGEMENT OF A FLARE

- Consult your doctor early
- Do not stop medications
- Rest, stay hydrated
- Protect from sun (SPF, clothing)
- Manage stress, healthy lifestyle
- Regular monitoring (labs, urine, BP)

KEY POINTS

- A flare can be mild or severe.
- Early recognition and treatment prevent organ damage.
- Medication adherence and follow-up are essential.
- Every patient's flare pattern is unique.

Awareness, early action & regular care improve outcomes.

LISTEN TO YOUR BODY. ACT EARLY. PROTECT YOUR ORGANS. LIVE WELL WITH LUPUS. ♥

DIFFERENTIAL DIAGNOSIS OF LUPUS FLARE
(SYSTEMIC LUPUS ERYTHEMATOSUS)

1 INFECTION
(Most important differential)

- Bacterial sepsis, UTI, Pneumonia
- Tuberculosis
- Viral infections (COVID-19, Influenza)
- Opportunistic infections (CMV, PCP, fungal)

Clues: Fever, high CRP/Procalcitonin, positive cultures, poor response to steroids.

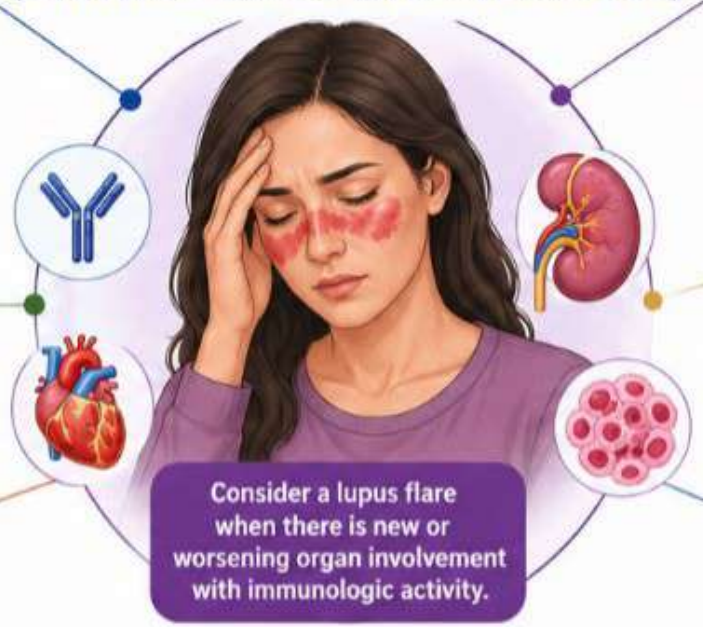
2 DRUG-RELATED PROBLEMS

- Drug-induced lupus
- Medication non-adherence (stopped steroids, HCQ, MMF)
- Drug toxicity: Mycophenolate, Cyclophosphamide, Azathioprine, Tacrolimus, NSAIDs

3 THROMBOTIC ANTIPHOSPHOLIPID SYNDROME (APS)

- Stroke
- DVT / PE
- Renal thrombotic microangiopathy
- Pregnancy complications

Clues: Positive lupus anticoagulant, anticardiolipin, anti-β2 glycoprotein I antibodies.



Consider a lupus flare when there is new or worsening organ involvement with immunologic activity.

4 MACROPHAGE ACTIVATION SYNDROME (MAS) / HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS (HLH)

- Persistent fever
- Pancytopenia
- Hyperferritinemia
- Liver dysfunction
- High triglycerides

5 MALIGNANCY

- Lymphoma
- Leukemia
- Solid tumors

Clues: Weight loss, persistent lymphadenopathy, night sweats.

6 FIBROMYALGIA

- Diffuse pain, fatigue
- Normal inflammatory markers
- No rise in anti-dsDNA or fall in complement

7 CHRONIC ORGAN DAMAGE (NOT ACTIVE LUPUS)

- CKD progression
- Chronic proteinuria
- Heart failure
- Pulmonary fibrosis
- Osteoarthritis

Clues: Stable/irreversible changes, no immunologic activity.

8 OTHER AUTOIMMUNE DISEASES

- ANCA-associated vasculitis
- Rheumatoid arthritis
- Sjögren syndrome
- Systemic sclerosis
- Dermatomyositis

9 PREGNANCY-RELATED DISORDERS

- Preeclampsia
- HELLP syndrome
- Pregnancy-associated thrombotic microangiopathy

10 ENDOCRINE & METABOLIC DISORDERS

- Hypothyroidism
- Diabetes mellitus
- Adrenal insufficiency
- Vitamin D deficiency

LABORATORY CLUES

Feature	Lupus Flare	Infection
Anti-dsDNA	↑ Increased	Normal
C3 / C4	↓ Decreased	Usually normal
CRP	Mildly elevated	Markedly elevated
ESR	Elevated	Elevated
Urine sediment	Active (RBC casts, dysmorphic RBCs)	Usually inactive
Proteinuria	Increased	Variable
Response to steroids	Good	May worsen infection

CLINICAL PEARLS

- Always exclude infection before escalating immunosuppression.
- A rise in anti-dsDNA with low C3/C4 strongly supports a lupus flare.
- Fever alone is not sufficient to diagnose a lupus flare.
- Active urine sediment (RBC casts, dysmorphic RBCs) strongly suggests a renal flare rather than CKD.
- Correlate clinically and with lab tests; trends are more important than single values.

THINK BROADLY. INVESTIGATE WISELY. TREAT APPROPRIATELY.