

## **FREQUENCY, ETIOLOGY, AND PREVENTION OF STROKE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS**

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**Introduction:** The main symptoms of CNS lupus can be diffuse (generalized seizures or psychosis) or focal (stroke, peripheral neuropathies). Neuropsychiatric symptoms often occur in the first year of SLE, but are rarely the presenting symptoms.

**Patients and Methods:** We retrospectively reviewed in the last twenty years (1990- 2010), the incidence etiology and the prevention of stroke in 99 hospitalized patients with systemic lupus erythematosus (SLE).

**Results:** Stroke occurred in 13 patients (14%) with documented SLE. Eight patients (60%) from the 13 had multiple cerebral infarcts. Factors associated with stroke were: systemic thrombosis, elevated partial thromboplastin time, age over 65 yrs , transient ischemic attacks , previous stroke , and cardiac valvular disease. The major period of risk for the first stroke was during the first 4 yrs of SLE diagnosis. The most frequent etiology was a cardiogenic embolus, with cerebral vasculitis occurring only in association with infection. Because of the decreased fibrinolysis seen in patients with SLE, anticoagulant therapy may be the most effective preventive treatment currently available. Anticoagulant therapy seemed to prevent recurrent focal cerebral ischemia in our patients and was associated with relatively few and minor complications. Patients with a history of transient ischemic attacks or cardiac valvular lesions are at high (50% and 75%, respectively) risk of stroke. Patients who have had a stroke are at high (63%) risk for a recurrent stroke.

**Conclusions:** Most CNS events in patients with SLE are transient, benign and we recommended for all of these patients anticoagulant therapy.