Background and aims The tubercular infections (TB) are most important cause of morbidity and mortality in SLE patients worldwide and an ongoing alarming issue in developing countries. This study was aimed to observe frequency and risk factors of tuberculosis in SLE patients.

Methods This observational study was carried out in SLE clinic of BSMMU, Bangladesh. A total 230 consecutive SLE patients were enrolled. Patient’s clinical characteristics, history of TB, SLEDAI score, cumulative doses of immunosuppressants were recorded. In clinically suspected cases tuberculin test, chest X-ray, spot and first morning sputum for AFB, Gene Xpert MTB/RIF, ADA, FNAC and tissue biopsy were requested along with routine tests. The multivariate logistic regressions were done for risk factors. Ethical clearance was obtained from IRB of BSMMU.

Results Out of 230 patients TB was documented in 23 (10%) subjects. Among TB cases 16 women and 7 men. Mean age of patients was 27.56±9.3 years and mean duration of occurrence of tuberculosis after SLE diagnosis was 4.26±5.38 years. Cough, night sweat, fever, anorexia were significant presenting features. Present and past TB was observed in 10 and 13 subjects. Among TB cases 16 women and 7 men. Mean age of patients was 27.56±9.3 years and mean duration of occurrence of tuberculosis after SLE diagnosis was 4.26±5.38 years. Cough, night sweat, fever, anorexia were significant presenting features. Present and past TB was observed in 10 and 13 subjects. Fifteen and 8 patients had pulmonary and extra pulmonary TB respectively. Organ involvement pattern was multi-lobed lungs, joint, meninges, lymph nodes, peritoneum and pleura. None had drug resistance. Active disease (SLEDAI score), intake of prednisolone >500 mg were notable risk factors.

Conclusions Frequency of tuberculosis was high (10%) in SLE patients. Awareness including prevention of flares and judicious use of steroids might reduce the rate of TB.

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