Results A 41-year-old female patient with SLE for 22 years, was diagnosed on the basis of skin lesion, alopecia, photosensitivity, oral ulcers, arthritis, pericarditis, hemolytic anemia, leukopenia, highly positive antibodies to dsDNA, hypocomplementemia, ANF hep-2 positivity. An anamnesis of the disease and treatment tactics are presented in table 1.

Conclusions There are no established guidelines available for treatment of tuberculosis or melanoma in SLE patients due to lack of relevant studies and management based more on physician expertise. The use of genetically engineered biological drugs can be limited due to the high risk of infection, the onset of cancer in the anamnesis, and also not fully studied in patients with comorbidity.

REFERENCES