

# Some lupus erythematosus cases tied to drug exposure

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(HealthDay)—Some cases of subacute cutaneous lupus erythematosus

(CLE) and systemic lupus erythematosus (SLE) are drug-induced, according to a study published online Sept. 2 in *JAMA Dermatology*.

Jeanette Halskou Haugaard, M.D., from the Herlev and Gentofte University Hospital in Denmark, and colleagues examined the association between [drug use](#) and a subsequent diagnosis of CLE or SLE. The Danish National Patient Register (2000 through 2017) was used to identify 1,298 patients with CLE, 1,850 with SLE, and 31,480 age- and sex-matched controls.

The researchers observed many significant associations between [drug use](#) and a subsequent diagnosis of CLE and SLE, with many of these associations likely due to protopathic bias. However, new plausible causal associations were detected for CLE or SLE and fexofenadine [hydrochloride](#) (SLE: odds ratio [OR], 2.61; 95 percent confidence interval [CI], 1.80 to 3.80; CLE: OR, 5.05; 95 percent CI, 3.51 to 7.26); levothyroxine sodium (SLE: OR, 2.46; 95 percent CI, 1.97 to 3.07; CLE: OR, 1.30; 95 percent CI, 0.96 to 1.75); metoclopramide hydrochloride (SLE: OR, 3.38; 95 percent CI, 2.47 to 4.64; CLE: OR, 1.47; 95 percent CI, 0.85 to 2.54); and metronidazole hydrochloride (SLE: OR, 1.57; 95 percent CI, 1.09 to 2.27; CLE: OR, 1.93; 95 percent CI, 1.25 to 2.97).

"The study's findings suggest that physicians should be cognizant about whether a new case of CLE or SLE could be drug induced," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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