

# Systemic Lupus Erythematosus and the broken dental tool

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Systemic Lupus Erythematosus (SLE) is an autoimmune condition which can be exacerbated by many factors, many of which are unknown. While flares can be controlled with medications, we often are unsure of their cause which makes disease maintenance difficult. It is possible that investigation of a patient's habits, lifestyle, and diet may provide clues which make disease maintenance, and even remission, possible.

We present a 40-year-old female with a medical history of Systemic Lupus Erythematosus (SLE) associated with contact allergies to nickel, and drug reactions to penicillin, tetracycline, clindamycin, erythromycin, and sulfa. Her first SLE episode occurred following a weekend at a tomato harvest and subsequent episodes followed upper respiratory tract symptoms treated with antibiotics. These episodes resolved spontaneously. A dentist breaking a stainless steel tool, lodging the tip within her tooth, precipitated 2 years of chronic fatigue, joint pains, butterfly rash, peripheral edema, irritable bowel, and general malaise. Her ANA titer was > 1:640 and homogeneous suggesting a drug eruption.

On physical exam, the patient had a butterfly rash and urticarial papules and plaques on her trunk and extremities in a distribution corresponding to areas in contact with metal.

Detailed history of her first SLE episodes were associated with ingesting dozens of tomatoes as well as with taking aspirin with antibiotics. To investigate her allergies, a lymphocytic activation assay was performed under laminar flow hoods, using RPMI media without bovine serum, penicillin or streptomycin. The assay revealed lymphocyte activation to  $10^{-9}$ - $10^{-18}$  molar

**Table 1:** Foods containing high amounts of salicylates, the foods listed are common sources of salicylates [1]

Foods containing higher amounts of salicylates	
Aspirin	Curry powder
Tomatoes	Paprika
Berries	Thyme
Dried fruits	Garam masala
Rosemary	Tea
Licorice candy	Peppermint candy

**Table 2:** Common sources of nickel within food, foods cooked within stainless steel cookware, such as those listed, are sources of food containing nickel [2]

Common sources of nickel within food
Food cooked using stainless steel cookware
Flash frozen vegetables
Pasteurized milk products
Fresh, non-Kosher chicken

to penicillin, salicylates, nickel, cobalt, chrome, and sulfonamide. Additionally, the reaction to salicylates was at  $10^{-9}$  molar but was  $10^{-18}$  molar to Bayer Aspirin™ tablet; (n.b.: the tablet combines salicylates with metal fillers).

The patient noted significant improvement with dietary restriction of salicylate and nickel containing foods, including tomatoes, as well as avoidance of nickel containing cookware, which not only includes base metal cookware but also stainless steel (Table 1 and 2) [1,2]. Photosensitivity resolved when she avoided food sources of psoralens. Additionally, removal of the dental tool fragment and metal restorations (multiple stainless steel root canal crowns) was associated with complete remission. As result, through careful analysis of the patient's habits, lifestyle, and diet, we were able to determine and control triggers, such as salicylates,

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nickel, and drugs which induce photosensitivity, which precipitated her SLE flare.

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