When Lupus Affects Your Lungs

by BARBARA LEECH

Dealing With Pleurisy and Lupus

Lupus may be known as the wolf, but in many ways it should be known as the thief. This disease steals away so many precious moments of life. It robs its victims of freedom of movement, the ability to fully enjoy a holiday or vacation, enjoyment of something as simple as sunshine warming your skin, and sometimes the ability to fully breathe. Yes, lupus can affect the lungs in many ways — involving the membrane lining of the lungs, the lungs themselves, the blood vessels within the lungs and even the diaphragm. In this article, we will take a deeper look at pleurisy and lupus.

This is one of the ways lupus attacks my body. It can be terrifying if you do not realize what is happening, but even when you do, it is painful and debilitating.

What is Pleurisy?

The most common way lupus can affect your lungs is through inflammation of the pleura, the lining that covers the outside of the lungs — this is called pleurisy.

The main symptom of pleurisy is severe, often sharp, stabbing pain in a specific area or areas of your chest. The pain, which is called pleurisy, is made worse when you take a deep breath, cough, sneeze, or laugh.

You may also experience shortness of breath. Sometimes an abnormal amount of fluid will build up in the space between your lungs and your chest wall; when it leaks out it is called a pleural effusion.

Pain from pleurisy, with or without effusions, is found in 40% to 60% of people with lupus.

What's Happening Inside the Lungs?

The double-layered pleura protects and lubricates the surface of the lungs as they inflate and deflate within the rib cage. Normally, a thin, fluid-filled gap — the pleural space — allows the two layers of the pleural membrane to slide gently past each other.

But when these layers become inflamed, with every breath, sneeze, or cough, their roughened surfaces rub painfully together.

I first discovered the pain of pleurisy right before I was officially diagnosed with lupus. I woke up at 3 a.m. with heavy pain in my chest. It hurt to breathe and I was severely short of breath.

At the hospital, my heart checked out okay, and pleurisy was determined to be the cause of the pain and shortness of breath.

Since then, I was diagnosed with lupus. It took most of my life to get this diagnosis, even though various organs would randomly swell without any logical explanation and my antinuclear antibodies (ANA) level was always more than 630, versus a normal finding of 40 or less.

So finally I had my diagnosis, but in reality, that did little to ease my suffering when the next episode of pleurisy struck.

What Pleurisy Feels Like

About 50% of people with SLE will experience lung involvement during the course of their disease. The average person would probably think “heart attack” when they first experience pleurisy.

Since inflammation of the pleura puts pressure on the lungs, people with pleurisy often experience:

- Pain when taking deep breaths, coughing or sneezing.
- A feeling like you are not getting enough oxygen or shortness of breath.
- Pain increases when lying down.
- Loss of appetite and feeling of fullness.

Most people would do the wise thing and seek immediate help by calling 911 or heading straight to the ER. But with lupus, I am always uncertain what each pain could be and if I am needlessly dropping $7,000 at the ER for something that could be treated in the doctor’s office.

So, if you are like me, you hesitate to rush to the hospital unless you have to. The unknown is one of the hardest parts of living with the wolf at your door. But, I encourage you to never attempt self-diagnose for unexplained lupus chest pain.

It is hard to judge if something major is happening within our bodies when every day can be filled with a level of pain that most people would find hard to endure. The best advice is to call your doctor and discuss your symptoms or go to your local ER.

Chest Pain and Lupus

Pleurisy is a condition that should be medically assessed and treated as needed, typically with anti-inflammatory drugs or steroid medication. But there are other lupus-induced conditions that can also cause pain in the chest — so, your chest pain might not be pleurisy.

- **Inflammation of connective tissues in the chest (costochondritis):** A condition called costochondritis brings about a sudden or slow onset of inflammation of the tendons and ligaments connecting the sternum, ribs and spine. It can be treated with anti-inflammatory medication and is common with rheumatoid conditions as well as lupus. The pain is usually sharp and located on your front chest wall, radiating to the back or abdomen to cause back pain or belly pain.
- **Acute lupus pneumonitis:** This is a serious condition that affects anywhere from one to 10% of lupus patients. The condition is characterized by chest pain, shortness of breath and a dry cough that may bring up blood. This condition needs immediate treatment with high-dose steroids and possibly immunosuppressive medications. Despite treatment, some people develop scarring in their lungs.
- **Chronic lupus pneumonitis:** While the acute form comes on quickly, chronic lupus pneumonitis accumulates subtly over years. Some people with chronic lupus pneumonitis may have had acute lupus pneumonitis as some point during their lives, while others have not.

Persistent chest pain of any type associated with nausea, sweating, left arm pain, or any generalized chest pain that is not well localized can be signs of a heart attack. If you are not sure what is causing your condition, always go to the emergency room.

Pleurisy is generally only as serious as the underlying disease causing it. Your doctor will probably prescribe

steroid medication to reduce the swelling, an antibiotic if an infection is also suspected and perhaps examine what preventative medication you are taking to manage your lupus.