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HELMINTH SEROREACTIVITY IN SYSTEMIC LUPUS ERYTHEMATOSUS: INFLUENCE OF IMMUNOSUPPRESSION ON IGG ANTIBODY LEVELS

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The relationship between helminth infections and autoimmune diseases, such as systemic lupus erythematosus (SLE), has gained interest due to their immunomodulatory potential. However, patients with autoimmune diseases frequently undergo immunosuppressive therapy, increasing their susceptibility to infections. This study aimed to evaluate IgG seroreactivity to *Strongyloides stercoralis* and hookworm synthetic B-cell epitopes in SLE patients and a control group, investigating both immune alterations and the relevance of pathogen control in immunocompromised individuals.
Serum samples from 76 SLE patients and matched controls were analyzed using an enzyme-linked immunosorbent assay (ELISA). The significantly higher IgG seroreactivity observed in SLE patients may indicate a history of greater exposure or an increased susceptibility to these pathogens. However, the association between corticosteroid therapy and reduced seroreactivity to *S. stercoralis* reinforces the hypothesis that these antibodies reflect past exposure rather than active infection, as immunosuppressive therapy may influence antibody production. No correlation was found between antibody levels and physical disability index (HAQ-DI), nor with demographic and environmental factors such as age, gender, income, place of residence, or pet contact.
Importantly, the immunosuppressed state of SLE patients increases their risk of opportunistic infections, reinforcing the necessity of monitoring and controlling parasitic infections, particularly in endemic areas, to prevent severe complications. These findings enhance our understanding of the complex interactions between helminth infections and autoimmune diseases, highlighting the importance of preventive measures and the need for further studies on the immunological impact of helminths in immunocompromised individuals.

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