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The Type and Frequency of Infections Occurring in Collagen Tissue Diseases

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**Abstract:** Corticosteroids, widely used in the treatment of collagen tissue diseases, increase the number of neutrophils and decrease the total numbers of lymphocytes, monocytes, eosinophils and basophils. In addition, corticosteroids alter important functional activities of both lymphocytes and monocytes. They suppress the bactericidal activities of phagocytes. In this manner, the resistance to infections is reduced. Cytotoxic drugs can have profound effects on the production and function of both phagocyte cells and lymphocytes. We followed up 115 patients with collagen tissue disease for two years and 22 of them had infections. Eight of these 22 patients had urinary tract infection, six had lung infection, four had upper respiratory tract infections, two had wound infections, and one had intestinal infestation. All of the patients were treated with appropriate antimicrobial agents but two patients died due to septicemia. Infection remains a significant cause of morbidity and mortality in patients with collagen tissue diseases. Consequently, the early diagnosis and treatment of infections are very important for the successful medical management of these patients. The intensity of immunosuppressive therapy is the dominant risk factor for infection in these patient populations. Because the manifestations of infection in patients with collagen tissue diseases are highly variable, the clinician must always be alert to the possibility of infection even if the clinical presentation is highly suggestive of an exacerbation of the underlying disease.

**Key Words:** Collagen tissue diseases, Infection, Corticosteroid, Cytotoxic drugs.

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