

INTRODUCTION

Prolactin is an anterior pituitary peptide that has been recognized as a neurostimulant peptide for last few years (*Lavalle, 1992*).

Prolactin is a potent immunomodulator capable of exerting stimulatory effect up on immune system (*Berczi, 1993*).

Prolactin may be important in the regulation of both humoral and cell mediated responses and may play a role in the pathogenesis of autoimmune disease including systemic lupus erythematosus (*Reber, 1993*).

Investigators have surveyed patients with SLE and found that hyperprolactinemia was common in male and female patients with lupus (*Jara et al., 1991*).

A direct correlation was found between hyperprolactinemia, clinical disease and serological activity (*Jara, et al., 1992*).

Animal studies show a correlation of high prolactin concentrations with active SLE (*McMurrery et al., 1991*).

In a recent study it was shown that in 6 of 7 patients with active SLE, 6 months of bromocriptine treatment was efficacious for constitutional cutaneous, circulatory and arthritic manifestations of SLE. Discontinuing the drug was followed by new and unexpected hyperprolactinemia & disease flares (*McMurray et al., 1995*).

In contrast to these data *Pauzner et al. (1994)* suggested that hyperprolactinemia is not associated with disease activity in SLE.