

RIDDLES IN LUPUS

Mohammed Shanil P.* and Farsana Jasmin K.¹

*DM Cardiology Resident, Government Medical College, Kannur.

¹Radiotherapy Resident, Government Medical College, Kozhikode.

*Corresponding Author: Mohammed Shanil P.

DM Cardiology Resident, Government Medical College, Kannur.

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ABSTRACT

INTRODUCTION

Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease. CNS involvement in SLE has been estimated around 40-70% cases but Neuropsychiatric SLE presenting as parkinsonism as the initial manifestation is extremely rare. Here presenting a case of a 39 year old lady presenting the clinical features of parkinsonism secondary to SLE.

KEYWORDS: Systemic Lupus Erythematosus, Sle, Cns involvement, Neuropsychiatric Sle, Parkinsonism.

CASE

A 39 year old lady with no known comorbidities was admitted to our hospital with polyarthrititis for 3 months followed by fever for 3 weeks. During the course in hospital, she had difficulty in walking and decreased speech. Examination revealed expressionless face with stare look and speech of low volume with reduced output and resting tremors of right hand. Examination showed hypertonia and rigidity of all limbs with no cerebellar signs and sensory features.

OBSERVATION

Routine blood investigations were within normal limits except anemia, high ESR and elevated CRP. On further investigations showed ANA positivity (coarse speckled pattern) with ANA profile strongly positive for ds-DNA and anti-Sm antibody with nephritic range proteinuria and evidence of multiple infarcts in MRI Brain. During the course in hospital, she was started on Methylprednisolone, Levodopa and hydroxychloroquine and showed clinical improvement on follow up.

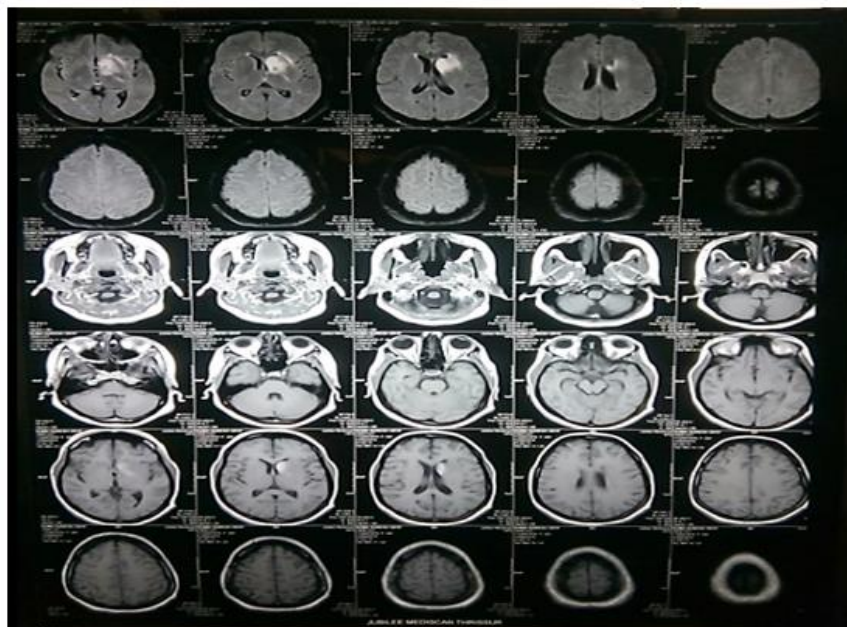


Figure 1: Small focal a/c to sub-a/c infarct in left BG with Small multifocal subcortical white matter lesions in both cerebral hemispheres. Findings consistent with CNS lupus.



Figure 2: Expressionless face with stare mass effect.

CLINICAL SIGNIFICANCE

Physicians should have a high index of suspicion for SLE while evaluating patient with parkinsonian features in the setting of polyarthralgia. Since thalamostriate arteries that supply basal ganglia are end arteries, vasculopathy may be a major factor in the evolution of parkinsonism.

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