

Neurolupus: a challenge for emerging countries

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Background

The severity of SLE can be related especially to the disease activity, poverty and the visceral damage particularly the neurological system and kidney. The neurolupus is one of the most challenging determinants in SLE for emerging countries.

The aim of this case report is to shed light on the complexity of dealing with these patients in our context.

Case report:

A 25-years-old illiterate female patient with a low socioeconomic status and a history of renal lupus for 8 years, put under a cumulative dose of cyclophosphamide equal to 12 g indicated for class 4 of lupus nephritis. She lived in a rural area, 50km far from hospital, her access to health care was difficult then she had been on follow-up dropout for 2 years, stopped her treatment with hydroxychloroquine and was taking 20 g of prednisone.

She was hospitalized for a pulmonary oedema generated by the renal failure, then she began the dialysis sessions, her HBP was severe despite the triple therapy.

At the 10th day of hospitalization she presented a suicide attempt and an aggressive behaviour towards others. She was put into isolation with her sister. She had difficulty taking her medications. After 1 month of hospitalization she tried to run away from the hospital ward, she wanted to go home. After discussing with the psychiatrist and the nephrologist she was authorized to return back for a few days under the supervision of her father.

Laboratory test

Creatinine: 32,53 mg/l
Urea: 5,39 g/l
Proteinuria: 1 g/24H
Albuminemia: 22 g/l
CRP: 6,9 mg/l
C3: 0,81 g/l, C4: 0,17 g/l
Hemoglobin: 10,4 g/dl
Lymphocyt: 447/μl
Positive ANA: 1/640
Positive anti DNA
Negative anticardiolipin
Negative B2GP1
No lupus anticoagulant
Lumbar ponction: no anomalies

Evolution

After a large amount of hematemesis, she was transferred into the intensive care unit. Then the anticoagulants was stopped immediately. Improvement of the psychiatric manifestations after psychotherapy permit her discharge.

Figure1: calcifications of the basal ganglia

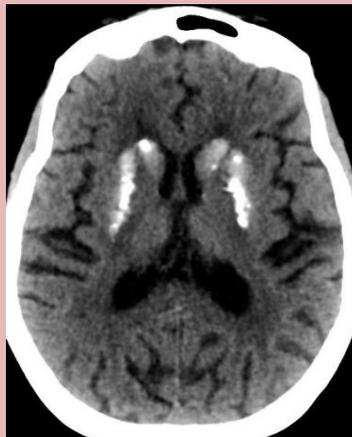


Figure2: bilateral demyelination

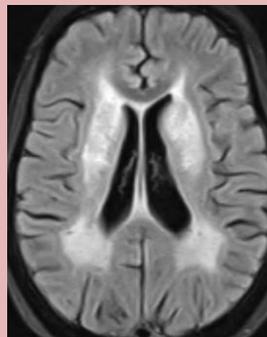


Figure3: Vasculitis / Stenosis



Treatments

Mycophenolate
Mofetil
Hydroxychloroquine
Methylprednisolone
Lorazepam
Olanzapine
Sertraline
Anticoagulants
Omeprazole
Amlodipine
Ramipril
Furosemide

Multidisciplinary collaboration

Internist
Nephrologist
Psychiatrist
Ophtalmologist
Nurse
Family
Association

the patient has died 3 months after leaving the hospital

Conclusion

The neuropsychiatric lupus is a real challenge for health practitioner which requires a multidisciplinary collaboration to make the therapeutic project successful

Despite the immunosuppressive treatment, the NPL remains an unfavourable prognosis and is responsible for a significant morbidity and mortality in SLE.

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