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CARDIAC TAMPONADE AS INITIAL MANIFESTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS: REPORT OF TWO CASES.

Marcella Maria Soares Mello (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), Eduardo José do Rosário Souza (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), Gustavo Lamego de Barros Costa (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), Maria Luisa Toscano Malaquias Hybner (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), Corina Quental de Menezes Alvarenga (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), Fernanda Armond Castro (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil)

BACKGROUND

Cardiac involvement in systemic lupus erythematosus (SLE) is common.

Pericardial involvement is the most common echocardiographic finding in patients with SLE.

Pericardial effusion occurs at some point in the evolution of the disease in more than half of the patients.

CASE REPORT

Case 1: Previously healthy 13 years old female patient, under investigation for polyarthralgia, myalgia, anemia and nephrotic proteinuria. A diagnosis of SLE was made after laboratory tests revealed pancytopenia, positive ANA (1:640 mixed pattern: nuclear homogeneous + fine speckled) and positive anti-dsDNA 1:160. During follow-up, the patient evolved with hypotension and dyspnea. An echocardiogram was performed, revealing a large pericardial effusion with signs of cardiac tamponade. She underwent emergency pericardiocentesis and pericardial biopsy, which results were compatible with SLE.

Case 2: Female gender, 75 years old, previously hypertensive, in investigation for polyarthritis, serositis and progressive dyspnea. Laboratory tests showed a positive ANA (1:640, mixed pattern: nuclear homogeneous + fine speckled), anti-SSA (240) and anti-dsDNA (1:40). Echocardiogram showed significant pericardial effusion with signs of cardiac tamponade. Urgent pericardiocentesis with pericardial biopsy was performed. The biopsy and pericardial fluid analysis results were consistent with SLE.

CONCLUSION

Although pericarditis and pericardial effusion are well described in patients with SLE, cardiac tamponade is a rare manifestation reported in 1% of patients in several series. The treatment consists of drainage of the pericardial fluid and high dose glucocorticoids.