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CUTANEOUS VASCULITIS X INFECTION IN SYSTEMIC LUPUS ERYTHEMATOSUS - A CASE REPORT

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BACKGROUND

Systemic Lupus Erythematosus is a heterogeneous autoimmune disease with several clinical and laboratory manifestations. Vasculitis can affect 11-36% of these patients, and cutaneous involvement (small vessels) is the most common among them. However, we can not forget to make differential diagnosis with infections, for example.

CASE REPORT

Patient, female, 45 years old, presents the diagnosis of Lupus since 1984 with renal involvement (Biopsy performed at that time was Grade III). It presents recurrent hospitalizations for anasarca, worsening of proteinuria, hypoalbuminemia and pancytopenia. It had been pulsed with Methylprednisolone and Cyclophosphamide in 2017. From the entrance to the School Hospital, referring to the fact that for the last 1 month he has had punctate, reddish, non-painful and nonpalpable lesions that started in the feet and progressively ascended to the lower limbs. Ten days ago, such lesions began to change the pattern for blisters that evolved into non-palpable, non-pruritic, non-painful pupils, spreading throughout the body. Patient denied joint pain, fever, cough, oral and genital ulcers. She said that persisted with foamy urine as she always did. Because it resembles cutaneous vasculitis in the SLE we opted for pulse therapy with Methylprednisolone 1g for 3 days. We also asked for an opinion from Dermatology, which before the pulse collected the skin biopsy. 3 days after the end of the pulse therapy, the biopsy result did not confirm what we expected- Official report: Vesicle-bullous lesion with cytochrome alterations indicative of Herpes / Varicella Virus infection. Due to the patient's immunosuppressive status we started Aciclovir EV. She underwent the treatment for 21 days, receiving discharge only with cictratizes of the lesions

CONCLUSION

Cutaneous vasculitis in lupus affects about 19% of patients. Even tough we can not forget the most common complications of each disease, we have to take into account the exclusion of infectious. Among the infectious causes, we can not forget Varicella. The varicose-zoster virus is part of Herpes virus groups, generally we have contact in the childhood. After the first contact, the virus becomes quiescent in the ganglion of the nerve and in cases of immunosuppression can reactivate leading to the Herpes Zoster that is limited to the dermatome or diffuse involvement in which the lesion presents as a blister in the erythematous base, very similar to of our patient. The treatment in immunosuppressed patients consists of Acyclovir Endovenous until the disappearance of the lesions, for a minimum period of 15 days