



INTERNUCLEAR OPHTHALMOPLÉGIA AS A NEUROPSYCHIATRIC MANIFESTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS.

Vani Abreu Souza Filho (Universidade Estadual de Campinas - UNICAMP, Campinas, SP, Brasil), Aloma Guinami Scabora (Universidade Estadual de Campinas - UNICAMP, Campinas, SP, Brasil), Camille Constanzo Codogno Postigo Castro (Universidade Estadual de Campinas - UNICAMP, Campinas, TO, Brasil), Marília Bulhões Calheiros (Universidade Estadual de Campinas - UNICAMP, Campinas, SP, Brasil), Yves Glauber Silva Santos (Universidade Estadual de Campinas - UNICAMP, Campinas, SP, Brasil), Marcondes Cavalcante França Júnior (Universidade Estadual de Campinas - UNICAMP, Campinas, SP, Brasil), Alisson Aliel Vigano Pugliesi (Universidade Estadual de Campinas - UNICAMP, Campinas, SP, Brasil), Simone Appenzeller (Universidade Estadual de Campinas - UNICAMP, Campinas, SP, Brasil), Lilian Tereza Lavras Costallat (Universidade Estadual de Campinas - UNICAMP, Campinas, SP, Brasil)

BACKGROUND

The involvement of the nervous system in systemic lupus erythematosus (SLE) encompasses a wide variety of neurological and psychiatric manifestations. According to the American College of Rheumatology (ACR), there are 19 neuropsychiatric syndromes. Internuclear ophthalmoplegia, although classically associated with multiple sclerosis and cerebral infarction, may represent a manifestation of SLE, even without being mentioned among the syndromes proposed by the ACR.

CASE REPORT

Female patient, 35 years old, diagnosed with SLE, on treatment with cyclophosphamide for lupus nephritis, started diplopia associated with dizziness. At the physical examination, paresis of the ocular adduction and nystagmus on the right right were observed. A nuclear magnetic resonance of the brain was performed with a hypersignal in a medial longitudinal fasciculus (picture). A normal brain angiotomography was obtained. Cerebrospinal fluid without alterations. Non-reactive antiphospholipid antibodies. Interpreted as a neuropsychiatric manifestation of SLE. Initiated therapy with Methylprednisolone 1 gram, intravenous, for three days, with resolution of symptoms. The therapy for lupus nephritis was maintained with Cyclophosphamide.

CONCLUSION

The objective of this case is to alert the rheumatologist about the wide range of neuropsychiatric presentations attributed to SLE, many of them more unusual and not included in the traditional classification.