



LIBMAN-SACKS ENDOCARDITIS AND ALVEOLAR HEMORRHAGE IN SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE REPORT

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BACKGROUND

: Libman-Sacks Endocarditis (LSE) is the most common cardiac manifestation of Systemic Lupus Erythematosus (SLE), with the majority of patients being asymptomatic, leading to underdiagnosis. However, several serious complications are related to this pathology, requiring its recognition among the medical class.

CASE REPORT

: A 62-year-old female, brown, retired, married, natural and from Natal (RN) was admitted to the Santa Casa de Santos with complaints of daily fever, sweating, asthenia, arthralgia and myalgia initiated 23 days earlier. Initial physical examination revealed: mildly discolored mucosa, discrete exanthema on the front of the thighs, edema on the ankles and knees, a little painful on palpation, without local heat or erythema; the patient was also feverish (38 ° C). Laboratory tests showed mainly normochromic normocytic anemia (Hb: 8.9, Ht: 26%, VCM: 80, CHCM: 34.2 g / dl), moderate leukocytosis (14650 cells), without left deviation and increased CRP (12,5mg / dl). She was hospitalized for etiological investigation and treatment. Considering that physical and complementary examination did not reveal an infectious focus that justified the picture, transesophageal echocardiography was requested, demonstrating vegetation in the aortic valve. Antibiotic therapy was started because of the possibility of infective endocarditis. Initially, there was slight clinical improvement, again worsening with one week of hospitalization. Rediscussed the case between the assistant team, being proposed the SLE hypothesis and requested laboratory tests in this sense. On day 13, before results of the markers for SLE were obtained, the patient started hemoptysis, hypotension and intense dyspnea, referred to the ICU in an attempt to hemodynamic stabilization, and died the next day. After this, the laboratory confirmation of LSE and non-infectious endocarditis, with fall of complement, FAN and Anti-DNA positive.

CONCLUSION

It is extremely important to recognize the differential diagnosis of infective endocarditis in order to avoid unfavorable clinical outcomes. In this context, it is valid to consider for LSE, an aseptic form of endocarditis, which may evolve with severe thromboembolic events. In addition, as in the case in question, other complications not directly related to LSE (and equally serious) may occur, such as alveolar hemorrhage.