



LUPUS NEPHRITIS TRIGGERED BY DENGUE FEVER

Izabela Guimarães Vieira Coelho (Santa Casa de Misericórdia Belo Horizonte, BELO HORIZONTE, MG, Brasil), Leticia Neves Martins (Santa Casa de Misericórdia de Belo Horizonte, belo horizonte, MG, Brasil), Iara Fernandes Pinto Abreu (Santa Casa de Misericórdia de Belo Horizonte, belo horizonte, MG, Brasil), Paulo Madureira Pádua (Santa Casa de Misericórdia de Belo Horizonte, belo horizonte, MG, Brasil), Gustavo Lamego Barros Costa (Santa Casa de Misericórdia de Belo Horizonte, belo horizonte, MG, Brasil), Eduardo José Rosário Souza (Santa Casa de Misericórdia de Belo Horizonte, belo horizonte, MG, Brasil)

BACKGROUND

The etiopathogenesis of Systemic Lupus Erythematosus (SLE) is multifactorial, including genetic, hormonal and environmental factors. Bacterial and/or viral infections are examples of environmental factors that may contribute to the formation of immunocomplexes and act as triggers for SLE. The viral infections most described in this process are caused by the Epstein-Barr virus and Citomegalovirus. Dengue, an endemic arbovirose in Brazil is transmitted by the bite of the *Aedes aegypti* mosquito, and has already been described as a triggering factor.

CASE REPORT

Female gender, 21 years of age, presented in April 2019, with fever, nausea, vomiting, diffuse myalgia and arthralgia. Serology for dengue was positive. She started treatment with oral hydration and analgesia. After 2 weeks, she persisted with fever and arthralgia, and came up with malar rash, oral ulcers, vasculitis lesions in hands and proteinuria. Laboratory results: FAN 1:640 homogeneous nuclear mixed standard and cytoplasmic dotted; Anti DNA 1:320 U/ml; Anti SM 30 U/ml; Anti SSA/RO 89 U/ml; Anti RNP 48 U/ml; C3 16mg/dl; C4 2mg/dl; and lymphopenia, thrombocytopenia and proteinuria (urinary protein/creatinine ratio 1.91). The diagnosis of SLE was established and prednisone 1mg/kg/day and Hydroxychloroquine 5mg/kg/day were initiated, while waiting for the result of renal biopsy for reevaluation of treatment.

CONCLUSION

The development of SLE after a Dengue virus infection was rarely reported in the medical literature. The clinical picture of both presents with clinical and laboratory similarity, such as fever, myalgia, arthralgia, skin lesions, serositis and cytopenias. The rheumatologist should be aware of this possibility, especially in seasonal epidemic periods.