SBR 2019
36º CONGRESSO BRASILEIRO DE REUMATOLOGIA
CENTRO DE EVENTOS DO CEARÁ
04 A 07 DE SETEMBRO
FORTALEZA 2019
PROMOÇÃO
70 anos Sociedade Brasileira de Reumatologia
REALIZAÇÃO
SCR SOCIEDADE CEARENSE DE REUMATOLOGIA

PERNICIOUS ANEMIA: A RARE CAUSE OF ANEMIA IN SYSTEMIC LUPUS ERYTHEMATOSUS

Marcella Maria Soares Mello (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), 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), 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), Gustavo Lamego De Barros Costa (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), Rafael Prado Colares (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), Rafael Prado Colares (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), Gustavo Braga Hallais França (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), Gustavo Braga Hallais França (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), Thales Henrique Viana Azevedo (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil), Thales Henrique Viana Azevedo (Santa Casa Belo Horizonte, Belo Horizonte, MG, Brasil)

BACKGROUND

Anemia is the most common hematologic abnormality in patients with systemic lupus erythematosus (SLE), affecting more than 50% of patients. Several mechanisms can contribute to its development, the most common being chronic disease anemia, iron deficiency anemia and hemolytic anemia.

CASE REPORT

A 40-year-old woman with a history of high blood pressure, presented with fatigue, unintentional weight loss (28kg over 3 months), polyarthralgia, oral ulcers, and Raynaud phenomenon. Laboratory tests revealed pancytopenia (Hemoglobin: 3,4g/dL, HCT: 11,2%, MCV: 129, White Blood Cell count: 2900/microL, Platelet count: 49000/microL), positive ANA (1:320, nuclear speckled pattern), positive anti-SSA, low C3 and C4, and normal reticulocyte count. A diagnosis of SLE was established and the patient submitted to a three day course of 1g endovenous methylprednisolone, without improvement of the hematologic parameters. Followup investigation revealed a very low level of vitamin B12, below the limit of detection of the exam kit. A replacement regimen was initiated, with progressive improvement of cytopenias. An upper digestive endoscopy was performed, showing atrophic gastritis of the body and gastric fundus, and the biopsy showed mild gastritis with intestinal metaplasia. Immunologic tests showe a positive antiparietal cell antibody. After clinical improvement, the patient was discharged on hydroxychloroquine and vitamin B12 replacement regimen.

CONCLUSION

: The association of SLE with other autoimmune diseases of the gastrointestinal tract is described in the literature. Pernicious anemia, characterized by vitamin B12 deficiency

due to the presence of autoantibodies against gastric parietal cells or the intrinsic factor, is a rare cause of anemia in patients with SLE. Elevated VCM should alert the rheumatologist to this possibility.