



## REPORT OF LUPUS PATIENT WITH BILATERAL OPTIC NEURITIS

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### BACKGROUND

: Optic nerve disease, which is symbolized by optic neuritis and ischemic optic neuropathy, affects approximately 1% of patients with Systemic Lupus Erythematosus (SLE) and has been correlated with the presence of antiphospholipid antibodies, nephropathy, and increased mortality. Autoimmune optic neuropathy results from ischemia of the optic nerve combined with demyelinating lesions. Treatment is by corticosteroid.

### CASE REPORT

Patient B.L.S., female, 37 years old, from Palmas-TO, previously diagnosed with SLE, sought hospital care with complaint of progressive visual acuity reduction for 2 months. He was taking hydroxychloroquine 400mg / day, prednisone 30mg / day. An ophthalmologic exam was performed, which evidenced papilla edema. Performed a brain resonance, without alterations, and resonance of orbits, which evidenced bilateral optic neuritis. Pulse therapy with methylprednisolone 1g / day was started for 3 days. Serologies were negative for toxoplasmosis, Epstein-Barr virus, cytomegalovirus, calazar detect, hepatitis B, hepatitis C, VDRL and HIV. Reagent laboratory tests: anti-SM; anti-RNP; FAN 1/640 core; anti-B2 glycoprotein 1 IgM; Non-reagent laboratory tests: anti-RO; anti-LA; anti-dna; anti-csL70; lupus anti-coagulant; anti-mitochondria; anti-cardiolipin IgM and IgG; anti-TPO. Had proteinuria 24 hours of 1049mg. Patient evolved with improvement of visual symptoms, receiving hospital discharge with hydroxychloroquine 400mg / day, prednisone 60mg / day, calcium carbonate 1x / day and omeprazole 40mg / day. After 5 months, she returns with total loss of vision of the right eye and blurred vision in the left eye. In the use of hydroxychloroquine 400mg / day, prednisone 20mg / day, calcium, vitamin D, omeprazole 20mg / day and azathioprine 50mg 8 / 8 hours. Sequelae lesions were identified bilaterally on examination, with no evidence of acute injury or reactivation of the disease. New resonance did not show alteration when compared to previous one. She presented proteinuria 24 hours oscillating, at the moment with 675mg and during hospitalization of 450mg. Azathioprine was discontinued and the patient started pulse therapy with methylprednisolone 1g / day for 3 days and started pulse therapy with cyclophosphamide, which was maintained at 1g / month for 6 months per oscillating nephritis.

### CONCLUSION

A difficult diagnosis is due to the rarity of this neuropathy and to the fact that the clinical features are similar to the most common optic neuritis. Thus, attention should be drawn during anamnesis, clinical examination and appropriate serological studies in lupus patients, especially in cases of unilateral or bilateral optic neuropathy in any patient, particularly in young women.