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SYSTEMIC ERITEMATOSUS LUPUS PACIENT WITH EXCEPTED FRAME IN THE PRESENCE OF DOUBLE SEROLOGY FOR ARBOVIROSES: A CASE REPORT

Salomão Nathan Leite Ramalho (Faculdade de Medicina Estácio Juazeiro do Norte, Juazeiro do Norte, CE, Brasil), Thaynara Sarmento Oliveira Almeida (Centro Universitário de João Pessoa, João Pessoa, PB, Brasil), Thassiany Sarmento Oliveira Almeida (Universidade Federal de Pernambuco, Recife, PE, Brasil), Pablo Duarte Lima (Centro Universitário de João Pessoa, João Pessoa, PB, Brasil), Teresa Patrícia Acebey Crespo (Centro Universitário de João Pessoa, João Pessoa, PB, Brasil), Bianka Martins Silva Nascimento (Centro Universitário de João Pessoa, João Pessoa, PB, Brasil), Francisco Victor Andrade Cavalcante (Centro Universitário de João Pessoa, João Pessoa, PB, Brasil), Mikhael Ranier Leite Ramalho (Faculdade de Medicina Estácio Juazeiro do Norte, Juazeiro do Norte, CE, Brasil)

BACKGROUND

Systemic lupus erythematosus (SLE) is an autoimmune and multisystemic disease with a chronic inflammatory character. It's known that among the most common arboviruses in Brazil are Dengue and Chikungunya, which manifest themselves with some clinically similar signs, such as fever, joint pain and rash. These infections and the autoimmune pathologies have a close relation: the arboviruses act as a trigger for the evolution of the symptomatological frame, by the formation of immunocomplexes, and the SLE carriers may have a double viral infection, with pathophysiology still little elucidated.

CASE REPORT

ABM, 34 years, living in João Pessoa-PB, attends the rheumatology ambulatory at Padre Zé Hospital with symmetrical arthralgia in the wrist, metacarpophalangeal and ankle joints, of intensity 6/10, associated with articular edema, morning stiffness, alopecia, weight loss and progressive asthenia for 8 months, being treated with Prednisone 20 mg. Thus, for 1 month, the intensity pain changed to 9/10, sudden fever of 40ºC, dry cough, in addition to hiperchromic and diffuse stains on the back and worsening of preexisting symptoms. On 07/08/18, he went to the Emergency Care Unit (ECU) with suspicion of arbovirus infection. The exams showed 75,000 mm^3 thrombocytopenia and rapid test for negative dengue and they prescribed prednisone 20 mg once daily, with partial improvement of the symptomatology. After three days, there was a partial improvement of the thrombocytopenia, now 94,000 mm^3, and another serology for dengue negative. However, due to the persistence of the pain symptomatology, a new laboratory for arbovirose evidence of IgM positive for Chikungunya and Dengue was collected on 08/14/2018, in addition to following results: ANTI SSA / Ro 240, ANTI SSB / La 320, ANTI -DNA (single helix) 235.3, FAN nucleus and metaphase chromosomal reagent plate; nucleolus, cytoplasm and non-reactive mitotic apparatus and homogeneous and dotted nuclear mixed pattern> 1: 640, ANTI-SM <7, ANTI DNA Native reagent (1: 160), ASLO <200 and complements CH 50 68.6, C3 72 and C4 11. At the moment it continues with light pain and in use of Prednisone 5mg/day and Azathioprine 150mg/day.

CONCLUSION

It was observed that the tests sealed the diagnosis of SLE and serological positivity of both arboviruses. It was not clear if ABM presented a co-infection by two or a serological conversion. However, it's notable for arbovirus actions in the exacerbation of SLE. Further studies are needed to evaluate the occurrence of double infection and may be a risk factor for clinical worsening.