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SYSTEMIC LUPUS ERYTHEMATOSUS VERSUS BEHÇET'S DISEASE: A DIAGNOSTIC DILEMMA

Laura Alícia Morais Lima Oliveira (Universidade Federal do Rio Grande do Norte, Caicó, RN, Brasil), Heron Alves Vale (Universidade Federal do Rio Grande do Norte, Caicó, RN, Brasil), Breno Vinícius Dias de Souza (Universidade Federal do Rio Grande do Norte, Caicó, RN, Brasil), Ana Olívia Dantas (Universidade Federal do Rio Grande do Norte, Caicó, RN, Brasil), Lauanda Ênia Medeiros Rocha (Universidade Federal do Rio Grande do Norte, Caicó, RN, Brasil), Pedro Augusto Dias Timoteo (Universidade Federal do Rio Grande do Norte, Caicó, RN, Brasil)

BACKGROUND

Behçet's disease (BD) is a systemic vasculitis, whose main complaint is the presence of recurrent ulcers in the oral mucosa, usually associated with other manifestations, such as cutaneous lesions, genital ulcers, uveitis and arthralgias. Its diagnosis is eminently clinical, and the cutaneous manifestations of systemic lupus erythematosus (SLE) are one of its main differential diagnoses.

CASE REPORT

M. S., a 38-year-old female patient, sought care with the dermatologist complaining of canker sores in the oral cavity for 4 months, unresponsive to anti-inflammatory drugs or corticosteroids. At ectoscopy, she presented ulcerative lesions with meliceric crusts in oral mucosa. Prednisone and dapsone were prescribed according to the initial BD hypothesis. At the follow-up appointment, exams showed leukocytosis with high ESR. Patient presented a slight improvement of the oral lesions, complaining now of pustules spread through the dorsum. With the initial conduct maintenance, the patient evolved with malar rash and photosensitivity complaints, with the appearance of crustal lesions in photoexposed areas. Due to the new symptoms, the possibility of SLE was traced with ANA, anti-DNA and anti-Sm screening, of which only the first one was positive (nuclear fine speckled 1:640). In the meantime, the patient developed a significant improvement of oral lesions, however, worsening of the skin lesions, with important peeling and hypochromia in some areas of the dorsum, following a new symptom - arthralgia in the elbows and knees. With the persistence of the diagnostic doubt, exams for renal evaluation, such as creatinine and proteinuria, were requested, which obtained normal results, and the research for anti-La and anti-Ro antibodies found both reagents, which many literatures relate to the predominance of cutaneous symptoms in SLE. By the new data, the dapsone was suspended, being added to the scheme hydroxychloroquine and azathioprine, allied to calcium complementation. The patient has presented progressive improvement of the manifestations of the disease, being accompanied by the rheumatologist and dermatologist, for better symptomatic management.

CONCLUSION

SLE cutaneous involvement may be the most pronounced manifestation in some patients, presenting a similar symptomatology as other diseases with dermatological expression, such as BD. In these cases, complementary investigation is essential, and serological tests, allied to the evolution of the individual's picture, is crucial for the elucidation of the patient's clinical condition, culminating in a better therapy, with more satisfactory answers.