



UNCOMMON ADVERSE EFFECT OF HYDROXYCHLOROQUINE IN A PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS - CASE REPORT

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BACKGROUND

Hydroxychloroquine is recommended for all patients with Systemic Lupus Erythematosus (SLE), unless it is contraindicated. With its widespread use, the therapeutic and adverse effects associated with the drug are well known, such as retinal toxicity and cardiovascular risk reduction. However unusual manifestations should be known to the rheumatologist, so that they are conducted early and correctly.

CASE REPORT

We report the case of the patient T. V, brown, female, presented the diagnosis of SLE at age 14 with class III/IV lupus nephritis. Patient lost follow-up with Rheumatology team for 2 years. At age 17, the patient returned to the clinic for 12 weeks and was hospitalized for generalized edema and reactivation of nephritis. Opted to start treatment with tacrolimus, prednisone 1mg/kg/day and hydroxychloroquine. The patient did not use the medications the following month was again hospitalized in anasarca, with bullous lesions, hyperemia in the lower limbs, extravasation of fluid through the skin and striae, dyspnea and hypertensive crisis. During hospitalization bullous lesions ulcerated and infected. He developed acute renal failure requiring hemodialysis. A few weeks later, she developed fetal death. With one week of hospitalization, the patient began to present daily bouts of hypoglycemia (41-60mg/dl) which lasted about 20 days. Crises were asymptomatic, identified due to hospital glycemic control. Insulin and C-peptide dosages were within normal range. For the instability of the patient, opted not to perform tomography of abdomen to ward off Insulinoma. Prednisone was replaced by methylprednisolone IV because it believed that anasarca could be compromising intestinal absorption and aggravating hypoglycaemia. After 30 days of hospitalization, renal function began to improve and hemodialysis could be discontinued. Concurrently, the hypoglycemic episodes ceased. The ulcers of the lower limbs healed after hyperbaric oxygen and skin grafting.

CONCLUSION

Hypoglycemia due to Hydroxychloroquine is a rare adverse effect. There is no complete understanding of the pathophysiological mechanism, but it is believed that the drug leads to an increase in insulin resistance and a decrease in its degradation. As can be an asymptomatic manifestation, as in this report, there is a need for vigilance, especially in situations of clinical instability and Renal Insufficiency, which alter the clearance of the medication.