<https://doi.org/10.47660/CBR.2020.17329>

ZIKA VIRUS INFECTION - A DIFFERENTIAL DIAGNOSIS FOR THE REUMATOLOGIST: A CASE REPORT

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BACKGROUND

Zika virus was first discovered in 1947, in 2015 it was reported in Brazil. Characterized by manifestations varying from mild cases, resembling Influenza, to severe manifestations, similar to the Guillain–Barré syndrome in adults. Regardless of the increasing knowledge of this virus, its diversity of presentation, genetics, pathogenesis and potential synergistic effects of co-infection with other circulating viruses or preexisting autoimmune diseases remain obscure.

CASE REPORT

A 43-year-old patient diagnosed with systemic sclerosis, hospitalized in the university hospital, presented with pancytopenia related to shivering and fever for 20 days, evolving with progressive weakness associated with myalgia. In the physical exam, disseminated cutaneous rash, diffuse lymphadenomegaly that was movable and painful and facial edema was revealed. In the admission she received empirical antibiotic therapy, nevertheless, after 48 h she did not have improvement. Laboratory showed increased transaminases, lymphopenia, 24-hour proteinuria with 900 mg, complement consumption. Although there were no alterations on Abnormal Sediment Elements (EAS), FAN NPG, positive Anti-Ro, negative serology for toxoplasmosis, CMV, HTLV, hepatitis and VDRL; positive Zika IgM and negative IgG, PPD 0.0 mm. Image exams highlighted polyserositis (pericardial and pleural effusion, and ascites). The possibility of overlapping with systemic lupus erythematosus was evident after the immunological SLICC 2012 and clinical criteria were fulfilled, and the possibility of the disease activity being secondary to the infection was also considered. There was spontaneous and progressive regression of the lymph nodes, increase of muscle strength, improvement of the myalgia and the cutaneous rash 24 h after the administration of Reuquinol and prednisone. Native anti-DNA and anti-Sm results came back as non-reagent, the biopsy was not performed due to the regression of lymph nodes, which made the procedure unsuitable. The patient was discharged asymptomatic and the laboratory test results had improved 7 days after the beginning of the therapeutics.

CONCLUSION

There are few cases of Zika in the literature that operate as a trigger for development and responsiveness of autoimmune disease as reported in this study. Notwithstanding the generalized lymphadenomegaly and the polyserositis are unusual presentations of this viral infection, the clinical manifestations of arbovirosis can make differential diagnosis either develop or exacerbate autoimmune diseases. Rheumatologists, general practitioners and infectologists must be aware of the common manifestations of these diseases, so they are able to identify their diversified manifestations.