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PERICARDITIS AND CARDIAC TAMPONADE IN A MALE PATIENT WITH JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS: CASE REPORT

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BACKGROUND

Juvenile systemic lupus erythematosus (JSLE) is a chronic inflammatory pathology, which is more prevalent in females (9:1). This condition is influenced by genetic, immunological and environmental factors.

CASE REPORT

Male, 14 years old, 4 months ago, with arthritis in the wrists and ankles. He evolved with eyelid edema, syncope, hypotension and precordial pain. Tachydyspneic, acyanotic, afebrile. Cardiac auscultation: regular rhythm in two stages, hypophonic sounds, without murmur and with pericardial friction. Tests: Hb 12, Ht 37%, leukocytes 3,000, lymphopenia, platelets 251,000, PCR 12, ESR 34, FAN reagent 1: 2500, C3: 129, C4: 23,4, anti-DNA negative, anti-SM:< 5, anti-SSA/Ro: < 7, anti-SSB/La: < 7, anticoagulant lupus: negative, 24-hour proteinuria: 4.5 mg / 24 h. Doppler echocardiography: moderate pericardial effusion with slight collapse of the right ventricle. He underwent pulse therapy with methylprednisolone and prednisone. Currently using prednisone, hydroxychloroquine and azathioprine.

CONCLUSION

Cardiac involvement in JSLE is present in up to 25% of patients, with pericarditis being the most frequent form. This impairment has significant morbidity and mortality and is clinically manifested in only a quarter of patients, and may progress in 6% of cases with cardiac tamponade. The diagnosis and institution of early treatment are crucial for a better prognosis.