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DIFFERENTIAL DIAGNOSIS OF PANCYTOPENIA IN SYSTEMIC LUPUS ERYTHEMATOUS

Diego de Paula Ferreira Nunes^{1,*}, Caio Rutichelli Cardoso¹, Raissa Dudienas Domingues Pereira¹, Vinícius Verlangieri Soubihe¹, Lilian Tereza Lavras Costalla¹, Simone Appenzeller¹

1.Universidade Estadual de Campinas, Campinas (SP), Brazil.

*Corresponding author: diegopfn@gmail.com

BACKGROUND

Infection is a major cause of morbidity and mortality in systemic lupus erythematosus (SLE). Factors such as ethnicity, disease activity and immunosuppression are important contributors to this scenario. Patients with SLE and febrile conditions should be evaluated for infectious causes. Hematological changes are common in SLE and assessing the origin of this change is not always an easy task. The objective of this study was to discuss possible differentiate diagnosis in a SLE patient presenting with pancytopenia and diarrhea.

CASE REPORT:

A 63-year-old woman with SLE (discoid lesions, photosensitivity, arthritis, oral ulcers) for 10 years using hydroxychloroquine 5 mg/kg/day, methotrexate 25 mg/week, and prednisone 10 mg, and non-Hodgkin's lymphoma in remission for 22 years, referred weight loss (8 kg in 2 months), fever, anorexia and bloody diarrhea for 20 days. Complete blood count showed significant pancytopenia. The patient was admitted with febrile neutropenia for investigation. Investigation showed negative cultures (blood and urine cultures), upper gastrointestinal endoscopy with gastritis of the antrum, chest computed tomography (CT) with ground glass appearance (COVID-19 negative in two samples). Abdominal CT abdomen showed colitis in cecum and terminal ileum. Stool test showed mucus/blood, but negative for toxin A and B, microsporidium, coccidium, salmonella, shigella, campylobacter and Shiga toxin. No SLE disease activity was observed with absence of hemolysis, normal C3 and C4, negative dsDNA, proteinuria 24 h and normal urine 1. The patient had also normal iron and vitamin B12 profile, folic acid and serum B6. Serologies (hepatitis C and B, HIV and syphilis) were negative. PCR for cytomegalovirus was positive with 360,000 UI/mL log 4.5. Treatment with ganciclovir was started for 21 days, with improvement of symptoms and CBC findings.

CONCLUSION

Cytomegalovirus has to be considered in immunosuppressed patients presenting with abdominal pain and bloody diarrhea. Pancytopenia, however, is rare. In the presence of the COVID-19 pandemic, differential diagnosis with SARS-CoV2 is necessary.