CRYPTOCOCCAL MENINGITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENT: A CHALLENGING CASE REPORT

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BACKGROUND

Systemic lupus erythematosus (SLE) is a chronic autoimmune disorder with several manifestations on the individual, including the central nervous system (CNS). The immune system is compromised, with ineffective phagocytosis, dysregulation of cytokines and complement proteins. The association of this fact with an exposure to glucocorticoids and immunosuppressive drugs makes the patient susceptible to diseases. The development and symptoms are directly related to the patient's clinical condition.

CASE REPORT

A female patient, 26 years old, diagnosed with lupus since 2019, in use of hydroxychloroquine 400 mg, azathioprine 150 mg, prednisone 20 mg and vitamin D mineral supplement. The patient was admitted with the following symptoms: low back pain, neck pain, intense holocranial headache associated with a febrile condition and history of reported seizures. Magnetic resonance imaging revealed signs suggestive of meningoradiculitis, probably related to SLE, and cerebrospinal fluids exams: clear, colorless, glucose 9 mg/dL; total proteins 87 mg/dL; chlorides 123 mg/dL. Tests for tuberculosis, cultures and fungus research, including India ink test, came back negative. During hospitalization, the patient evolved with lowered level of consciousness. Empirical therapy for tuberculosis was started with the RIPE protocol, despite BAAR and molecular test negative, and later extended coverage for *Listeria* with the use of ampicillin. New tests showed PCR for CMV and herpesvirus negative and, finally, latex for cryptococcosis positive. Immediately, therapy with amphotericin B was started, suspending the others. Evolution with febrile peaks and change in the level of compliance with computed tomography demonstrating dilation of the ventricular system, being recommended for transfer to the hospital for follow-up with neurosurgery.

CONCLUSION

Patients with SLE need special attention, because the constant use of immunosuppressive drugs and corticosteroids leads to a much higher risk of infection than the general population, with the involvement of the CNS being a frequent finding. A cryptococcal meningitis is an opportunistic infection caused by *Cryptococcus*, with a high prevalence in immunosuppressed individuals and extremely pathogenic, which should always be one of the main diagnostic hypotheses. The main tests available are direct fungus research, culture and circulating antigen research. The case makes clear the difficulty in tracing a diagnosis and even with several negative results, the possibility of *Cryptococcus* infection should not be directly ruled out, a fact that was only confirmed after the latex agglutination test.

KEYWORDS

Autoimmune diseases, Systemic lupus erythematosus, CNS fungal infections.