FLARE IN OLDER SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS: IS IT A “MILD LUPUS”? – A CASE REPORT

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BACKGROUND

Systemic lupus erythematosus (SLE) is a chronic autoimmune disorder involving multiple organs, with unpredictable course, a broad spectrum of clinical and laboratory manifestations, that can occasionally be organ dominant. Typically affects women between the ages of 15 and 50 years. Onset of the disease above 50 years old is unusual, as well as new severe flares. In this setting, it tends to have less major organ involvement and more benign course of disease. The reduced survival observed in this group seems to result mainly from the consequences of aging. Although the late-onset patients have this easily controllable disease, they also have a higher incidence of comorbidities, which difficult the pharmacologic treatment in severe cases/flares of SLE.

CASE REPORT

A 66-year-old female patient went to the emergency department with a history of fever, malaise, pain and swelling in both legs associated with anorexia, nausea, weight loss and headache for 4 weeks. Past medical history is significant for controlled hypertension and SLE in remission for 14 years. Current medication was ferrous sulfate and furosemide. She has had SLE for 26 years (mucocutaneous and articular) and had only one episode of class V lupus nephritis (LN) 14 years ago, successfully treated without flares after or sequelae kidney injury. At the physical examination, she presented very high blood pressure and edema in both legs/feet. The admission laboratory tests revealed anemia and thrombocytopenia, a positive direct Coombs test, high urea and creatinine levels, serum albumin 1.8 mg/dL, hyperlipidemia, CRP of 1.9 mg/dL, low C3/C4 and urinalysis with proteinuria and dysmorphic hematuria. The 24-hour proteinuria was 3.8 g/dL. Further analysis showed a positive homogeneous pattern ANA and also positive anti-Sm, anti-RNP, and anti-dsDNA. RF negative. She was treated with a 3-day course of pulse therapy with methylprednisolone 1 g/day and maintenance inpatient therapy with methylprednisolone 60 mg/day. After a week of treatment, the urea and creatinine levels and physical status improved, as well as the CRP and urinalysis. The patient was then discharged and started on mycophenolate mofetil 2 g/day.

CONCLUSION

Lupus nephritis is a potentially serious complication of SLE, with high morbidity and mortality rates, but with a lower prevalence in elderly population. These patients frequently present to hospital with nonspecific symptoms such as fatigue, weight loss, and kidney injury. It is important to consider this diagnosis in elderly patients with acute renal failure, so that an early recognition provides an accurate treatment and avoid end stage kidney disease and other complications.

KEYWORDS

Systemic lupus erythematosus, Older patients, Lupus nephritis.