ACUTE CONFUSIONAL STATE IN SLE. COEXISTING SLE AND NON-SLE ETIOLOGY

Daniela Gomes Chicre Oliveira^{1,*}, Marina Ferreira Simões¹, Carlos Eduardo Garcez Teixeira¹, Isabela Tambelli Pires Cardoso¹, Patrick Fontes Rodrigues¹, Luiz Pierre Huning¹, Vitor Corsaletti Abreu¹, Marcondes Cavalcante França Junior¹, Fabiano Reis¹, Lilian Tereza Costallat¹, Simone Appenzeller¹

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

*Corresponding author: danielachicre@gmail.com

BACKGROUND

Systemic lupus erythematosus (SLE) is an autoimmune, inflammatory, chronic disease with multisystem impairment, which leads to heterogeneous symptoms that can mimic miscellaneous illnesses leading to a challenging diagnosis.

CASE REPORT

A 46-year-old male was admitted for diagnostic investigation and treatment due to mental confusion. During the previous year, he presented progressive memory loss, episodes of disorientation and inability to work associated with hair loss, nonpruritic cutaneous erythematosus lesions in malar and sun-exposed areas, muscular weakness, myalgia, intermittent fever and weight loss. The patient had no comorbidities and a negative social history of smoking, alcoholism and illegal drug use. In physical examination, he was pale, dehydrated, emaciated, afebrile, with brownish skin lesions in malar region and upper limbs, alopecia and with diminished proximal muscular strength (grade 3) in lower limbs. Blood tests showed hyponatremia (124 mmol/L), normochromic and normocytic anemia with normal leukogram, C-reactive protein of 124 mg/L and erythrocyte sedimentation rate of 36 mm/h. Cranial tomography demonstrated focal hypodensities and cerebrospinal fluid analysis with increased protein (123 mg/dL), leukocytosis (14/mm³), normal glucose and negative cultures, suggestive of aseptic meningitis. Brain magnetic resonance demonstrated hippocampal atrophy, diffuse cortical-subcortical oval lesions, with flair hyperintensities, without restriction to diffusion, enhancement on postcontrast images or meningeal changes. Chest and abdomen tomography evidenced diffuse lymph node enlargement. Infectious, oncologic and endocrinological diseases were ruled out. Cutaneous biopsy showed IgA, IgM, IgG, C3 and C1q deposit in basement membrane, annexes and blood vessels walls. Further evaluation found antinuclear antibody (ANA) positive 1/640 nuclear large speckled pattern, reduced C3/C4 levels, positive anti-Sm and negative anti-DNA. SLE diagnosis was made and prednisone 1 mg/kg, hydroxychloroquine 5 mg/kg and mycophenolate 1440 mg/day were started with improvement of general condition, remission of cutaneous lesions and aseptic meningitis. The patient maintained mental confusion which was associated with hyponatremia secondary to syndrome of inappropriate antidiuretic hormone secretion (SIADH), showing signs of improvement after water restriction and use of diuretics.

CONCLUSION

Neuropsychiatric lupus is a rare and challenging illness. The symptoms can mimic several conditions and the diagnosis and early treatment are essential to prevent long-term damage.

KEYWORDS

Lupus, Neuropsychiatric, SIADH, Aseptic, Meningitis.