ACUTE CONFUSIONAL STATUS AND PSYCHOSIS AS AN EARLY AND SEVERE MANIFESTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS IN THE EMERGENCY DEPARTMENT

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BACKGROUND

Neuropsychiatric manifestations of systemic lupus erythematosus (SLE) are rare. They are related to the severity of the disease, as they accompany other systemic manifestations, and corresponds to different clinical manifestations, with mechanisms with little knowledge so far.

CASE REPORT

Female, 20 years old, no comorbidities, for 3 months with migratory polyarthritis, oral thrush, and weight loss of 9 kg in 30 days. She treated pyelonephritis with antibiotic therapy for 7 days and was admitted to the emergency room with a sudden behavior change, visual hallucinations, aggressiveness, religious auditory hallucinations, and severe holocranial stabbing headache. On physical examination, alopecia, regular general condition, inferior limbs edema, arthritis in knees and right elbow. Homogeneous ANA 1/320. Consumption of C3 and C4. Urinary protein/creatinine relation 0.25. Microcytic and hypochromic anemia (Hb 7.3 g/dL). Absence of reticulocytes. Positive direct antiglobulin test, 0.5 mg/dL bilirubin, 191 U/L DHL and 183 mg/dL haptoglobin. Leukopenia (1630 neutrophils and 500 lymphocytes). Anti-dsDNA >200, anti-RNP >200, anti-SM >200, anti-RO >200, anti-LA >200. ESR: 140 mm/h. PCR: 0.7 mg/dL. Serology (Herpes simplex, hepatitis B and C, HIV, toxoplasmosis) negative. CSF collection was performed with the presence of leukocytes 1/mm³, red blood cells 1/mm³, proteins 36 mg/dL, glucose 41 mg/dL, lactate 1.6 mmol/L, Cl 123 mmol/L, with negative cultures, bacterioscopies, syphilis, latex for meningitis, latex for *Cryptococcus* and India ink test. Contrast-enhanced brain computerized tomography with no suggestive changes of neoplastic or infectious processes. In addition to symptomatic control with risperidone 2 mg/day, pulse therapy was started with methylprednisolone 1 g/day for 3 consecutive days, followed by cyclophosphamide 0.6 g/m² intravenously and after maintaining monthly pulses associated with prednisone 1 mg/kg/day with progressive weaning over 6 months, hydroxychloroquine 5 mg/kg/day and bone prophylaxis. At each pulse therapy, there was weaning of antipsychotic medications through clinical improvement and psychiatric evaluations, concomitant with normalization of complements and levels of anti-dsDNA.

CONCLUSION

It is a case of SLE with an initial severe and disabling neuropsychiatric condition, quickly recognized, diagnosed, and investigated through clinical history and physical examination, specific markers, and neuroimaging. The treatment quickly instituted contributed to the favorable outcome.

KEYWORDS

Psychosis, SLE, Nephritis.