MULTIBACILLARY LEPROSY SIMULATING LUPUS AND VASCULITIS - A CASE REPORT

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BACKGROUND

Several chronic infectious diseases can simulate autoimmune diseases such as systemic lupus erythematosus, both in their clinical and laboratory manifestations; therefore, we emphasize the importance of these differential diagnoses to avoid unfavorable evolution.

CASE REPORT

Patient, female, 24 years, started in 2017 picture of edema in lower members, polyarthralgias, petechiae in exposed areas, palmar vasculitis and necrosis with purulent secretion in fingers, hepatosplenomegaly, being raised the diagnostic hypothesis of: Systemic lupus erythematosus, vasculitis or infectious diseases, in the laboratory investigation was seen pancytopenia (hemoglobin B: 9.0, leukocytes: 2400, platelets: 55,000) and proteinuria 750 mg/24 h, ANA: negative, RK 39: negative, then did bone marrow aspirate for leishmaniasis: negative and serology IgG: reagent title 1/80, then closed the diagnosis of leishmaniasis. Treatment with amphotericin B (5 days) and prednisone 60 mg/day was started; during evolution, the patient kept on having vasculitis in the lower limbs and other tests showed anticardiolipin IGG 29.4 / IGM > 150 and anti-B2 IgG 29 / IGM > 100 that persisted over time. The diagnosis of SLE and secondary FAS was made; corticosteroids were reduced and methotrexate, ASA and hydroxychloroquine were introduced; however, she persisted with arthritis, malar rash, and ungual dystrophy was visualized, with bone reabsorption of the distal phalanges, as well as infiltrative and violaceous plaques on the palms of the hands and soles of the feet, in addition to the visualization of madarosis; dermatologic evaluation that suspected leprosy, whose biopsy confirmed this diagnosis (skin biopsy of the dorsal region of the right foot – granulomatous dermatitis, BAAR research by Ziehl–Neelsen resulted positive); then, polychemotherapy for multibacillary leprosy was initiated, being refractory to its use, even though she evolved with erythema nodosum, being associated with thalidomide afterwards.

CONCLUSION

This is a case of multibacillary leprosy, simulating a diagnosis of lupus, with persistence of clinical symptoms and high values of anti-cardiolipin antibodies.

KEYWORDS

Leprosy, Simulating, Lupus, Vasculitis.