ACUTE PERIPHERAL ISCHEMIC SYNDROME IN A PATIENT WITH SLE, SYPHILIS, AND CANNABIS USE

Victor Pereira Mattos^{1,*}, Mariana Oliveira Miranda¹, Alisson Regis de Santana¹, Viviane Leal Novais¹, Renata Borges de Lima¹, Maria de Lourdes Castro de Oliveira Figueiroa¹, Mittermayer Barreto Santiago¹, Gustavo Luiz Behrens Pinto¹

¹Universidade Federal da Bahia, Salvador (BA), Brazil.

*Corresponding author: victor_mattos@outlook.com.br

BACKGROUND

Systemic lupus erythematosus (SLE) is a systemic autoimmune disease characterized by the formation of immune complexes that cause different degrees of organic involvement. It is known that there may be triggers that influence the beginning of these manifestations. We describe the case of a woman who used cannabis and presented an acute peripheral ischemic syndrome and turned out to have SLE, secondary syphilis.

CASE REPORT

A 21-year-old female, previously healthy, was admitted to our hospital with a two-month history of edema and burning pain in her lower limbs. A few days after admission, Raynaud's phenomenon was observed in the 3rd and 4th fingers of her right hand and fixed cyanosis in her toes, associated with intense burning pain. She reported an unintentional weight loss of about 14 kg in the last month and denied other complaints. She had the habit of daily use of marijuana for about 7 years. Physical examination revealed Raynaud's phenomenon in the hands and fixed cyanosis in the 1st, 2nd, and 3rd toes on the left foot, and 4th and 5th on the right foot (Figure 1). Peripheral pulses were normal on all four limbs. The rest of the physical examination was unremarkable. Laboratory investigation showed an elevation of C-reactive protein (CRP) at 99 mg/dL and a positive VDRL 1/256 test with FTA-ABS reagent. Antinuclear antibodies were positive 1/1280 with a speckled nuclear pattern and anti-Sm positive by ELISA (174 U/mL, reference value <7U/mL). Anticardiolipin and lupus anticoagulant were not present. Arterial and venous Doppler sonography of her four limbs was normal. With the diagnosis of acute peripheral ischemic syndrome secondary to SLE and/or syphilis and/or marijuana use, pulse therapy with methylprednisolone 15mg/kg/day was administered for 3 days plus hydroxychloroquine and IV cyclophosphamide 750 mg/m², full dose anticoagulation and IM penicillin. She presented stability and delimitation of her ischemic toes (Figure 2).

Figure 1. Fixed cyanosis in the 1st, 2nd, and 3rd toes on the left foot and 4th and 5th on the right foot.

Figure 2. Feet after treatment.

CONCLUSION

This is an intriguing case of peripheral ischemic syndrome where three main possibilities may have a role: SLE, syphilis and use of marijuana. A broad therapeutical approach including cannabis use cessation, treatment of syphilis and onset of immunosuppression and anticoagulation was chosen, with successful results.

KEYWORDS

Syphilis, Cannabis, Lupus, Ischemic.