VEGETATING LESION IN A CASE OF HEMORRHAGIC CYSTITIS IN A LUPUS PATIENT AFTER CYCLOPHOSPHAMIDE: A POSSIBLE OUTCOME

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BACKGROUND

Lupus nephritis (NL) is one of the most severe clinical manifestations of lupus. The treatment of NL depends on the histological grade from renal biopsy, and induction is done with immunosuppressants, such as cyclophosphamide (CYC) associated with corticosteroids. Post-cyclophosphamide non-glomerular hematuria is reported in 50% of cases, indicating the presence of a bladder lesion (hemorrhagic cystitis), most commonly a punctate lesion. When vegetative presentation is present, transitional cell neoplasm is thought to be present, which are reported in about 5% of cases. These adverse effects of CYC can be prevented with hydration and use of Mesna. The following is a rare case of hemorrhagic cystitis with vegetating lesion in a patient with NL.

CASE REPORT

Female, 35 years old, diagnosed 11 years ago with lupus with cutaneous-articular involvement, initially controlled with methotrexate and hydroxychloroquine. She presented with NL, being treated on different occasions with azathioprine and mycophenolate mofetil (MMF), with partial response. After five years, he worsened again, and changed to CYC, taking five monthly doses of the medication, achieving complete remission, but presenting an adverse reaction characterized by malaise and chills after the 5th CYC infusion. She was on NL maintenance with MMF for five years, when she began to present anasarca, nausea, vomiting, headache, and pressure peaks, besides anti-dsDNA 1:640, consumed complement, elevation of nitrogenous slurries, and active urine count, being admitted for a new induction treatment with CYC associated with corticosteroid. Four days after the infusion, she developed abdominal pain, hematuria, and a drop in hemoglobin. A bladder catheterization and cystoscopy were performed, which showed a vegetating lesion in the vesical trigone, followed by transurethral resection of the bladder (TUR), with histopathology showing chronic cystitis and foci of atypia of urothelial cells; immunohistochemistry was also performed, which ruled out a neoplastic process. Due to the previous refractoriness to MMF and severe adverse effect to CYC, it was decided to follow the treatment with rituximab.

CONCLUSION

Hemorrhagic cystitis is a well-known adverse event of CYC, which may have its incidence reduced with hydration and use of mesna. However, presentation of the vegetative form of hemorrhagic cystitis is extremely rare, and the authors are unaware of previous publication of this manifestation, which may be mistaken for neoplasia.

KEYWORDS

Lupus nephritis, Cyclophosphamide, Cystitis.