

Systemic lupus erythematosus with neuropsychiatric manifestations: a case report

Abstract

Systemic lupus erythematosus (SLE) is an autoimmune disorder which characterized by antibody production to nuclear and cytoplasmic antigens causing multisystem inflammation leading to relapsing and remitting course. About one third of neuropsychiatric manifestation of SLE arise before or around the time of diagnosis (1).

This patient was 46 year old lady who had been in Lebanon for 8 years and recently arrived Sri Lanka, presented with intermittent fever, malaise and weight loss together with generalized body rash and pain less oral ulcers. While on treatment she developed severe headache, hallucination and several episodes of generalized tonic-clonic seizures. There was pancytopenia, high ESR and normal CRP. ANA and anti dsDNA were positive. Systemic lupus erythematosus with central nervous system involvement was diagnosed and induction therapy with course of IV methyl prednisolone and pulse therapy with IV cyclophosphamide were commenced. With these treatments early remission was achieved. Oral steroids and immunosuppressive were started to maintain the remission at the discharge.

Central nervous system involvement is rare but serious manifestation of SLE. Early diagnosis and aggressive treatment with high dose steroids and potent immunosuppressive has shown good outcome.

Key words: autoimmune disorder, neuropsychiatric manifestation, antiphospholipid antibodies.