

Abstract

Systemic Lupus Erythematosus (SLE) is a systemic autoimmune disease characterized by the formation of autoantibodies and the deposition of immune complexes. In SLE, acute pericarditis with mild to moderate pericardial effusion can occur, and in rare cases, cardiac tamponade may develop. Various treatments are available for SLE-related serositis. Intravenous methylprednisolone pulse therapy is typically reserved for patients with moderate to severe clinical presentations. In this context, we present a case of lupus pericardial effusion associated with SLE-related serositis that was successfully managed with methylprednisolone pulse therapy. A twenty-two-years-old female diagnosed with SLE, presented with symptoms and signs suggestive of pericarditis. Transthoracic echocardiography showed mild pericardial effusion. Investigations revealed elevated ESR and C-reactive protein levels, with normal procalcitonin. TSH was within the normal range and tuberculosis screening was negative. She was managed as a lupus pericarditis with oral steroids initially, but she did not show improvement. Therefore, she was treated with an intravenous methylprednisolone pulse, which resulted in the complete resolution of the pericardial effusion. Typically, methylprednisolone pulse therapy is reserved for severe cases of lupus pericarditis. However, there may be instances where we need to employ methylprednisolone pulse therapy in patients with mild to moderate lupus pericarditis, particularly if it's associated with a rapid clinical decline.