

Abstract

14 year old female from Chilaw presented with prolonged fever for 3 weeks. Fever was an intermittent mild fever not associated with chills and rigors. There was associated loss of appetite without any loss of weight. She had altered behavior with visual hallucinations and grandiose delusions preceding the onset of fever and lasted during the period of febrile episode for which she has taken treatment from a psychiatry unit. She was diagnosed as having bipolar affective disorder and was prescribed Risperidone with partial improvement following therapy. After the onset of fever, she developed painless palatal ulcers and alopecia. However, she didn't have any arthralgia, photosensitive rashes or raynauds phenomenon. She didn't have any seizures or focal neurological signs. On examination patient had palatal ulcers and alopecia. Mental system examination revealed grandiose delusions and visual hallucinations. Rest of the systemic examination were normal. Our main consideration was systemic lupus erythematosus (SLE) presenting with psychiatric manifestations. Her ANA was positive in significant titres. DsDNA was also positive with low C3 and C4. She fulfilled the diagnostic criteria for SLE. She was given three intravenous Methylprednisolone pulses followed by oral prednisolone tapering regime with hydroxychloroquine. She was also given pulses of intravenous cyclophosphamide therapy. During follow up marked clinical improvement was detected with resolution of fever and psychiatric manifestations. Psychiatric manifestations can be the first manifestation of SLE as in this patient.

So it is important to exclude organic disease in a patient presenting with psychiatric manifestations.

Key words; altered behaviour, visual hallucinations, ANA, SLE