

Abstract

Systemic lupus erythematosus (SLE) can present with wide variety of psychiatric and neurologic features. The overlap between psychotic features of primary psychiatric disorders and symptoms of SLE leads to the delay in diagnosis of SLE. Here I present the case of a 30-year-old mother of one child from low socioeconomic status with rural background, previously diagnosed and managed for seizures and transient psychotic disorder, presenting with increased frequency of confusional episodes and worsening of psychotic symptoms, subsequently diagnosed with systemic lupus erythematosus.

Further review of history revealed she had recurrent painless oral and palatal ulcers and photosensitive rash (Malar rash). Subsequently the investigation showed, Leukopenia, Thrombocytopenia, high erythrocyte sedimentation rate (ESR), positive anti-nuclear antibody (ANA) and anti-double stranded DNA antibody (anti-dsDNA) was detected. On this admission to the hospital, she fulfilled the Systemic Lupus Erythematosus International Collaborating Clinics (SLICC) criteria for systemic lupus erythematosus (SLE). The seizures and psychosis were attributable to neuropsychiatric SLE

The patient was treated with high dose pulsed methylprednisolone and hydroxychloroquine. The ESR decreased from 87 to 23 mm and the patient displayed a gradual improvement in haematological parameters and her mental status. She was started on prednisolone and hydroxychloroquine while inpatient and discharged with the combination of, prednisolone, azathioprine and hydroxychloroquine, along with rheumatology follow-up.

In this case it stresses the importance of ruling out organic causes of psychiatric manifestations before diagnosing patients with a primary psychiatric disorder. There are many case reports, especially in young females who present with first attack of seizure or psychosis and which ultimately diagnosed to having lupus erythematosus with varying periods of delay. Albuminuria, elevated ESR and mild hematological changes should be taken up as serious clues to diagnosis to