

Abstract

Background

Overlap syndromes are a rare group of disorders characterized by the coexistence two or more autoimmune connective tissue diseases which occur simultaneously in the same patient. The presence of these autoimmune diseases may be characterized by signs, symptoms and immunological/laboratory features typical of the disease. Myositis is not characteristic feature of Systemic Lupus Erythematosus (SLE). But around 6% of persons with SLE have associated with inflammatory myositis. This case report discusses a patient with SLE and dermatomyositis overlap and her management.

Case presentation

A 53-year-old previously well female presented with gradual onset slowly progressive proximal muscle weakness and a facial rash for 3 months duration. While in ward she developed an acute confusional state and sudden onset paraparesis in lower limbs with a sensory loss up to 8th thoracic dermatome. That was radiologically confirmed as central nervous system (CNS) vasculitis with anterior spinal artery thrombosis. The patient had a very high titer of Antinuclear antibodies with positive smith antibody. Her muscle biopsy was suggestive of inflammatory myositis and she was positive for anti JO-1 antibody. She responded well to immunosuppressive therapy.

Conclusions

This case highlights an unusual presentation of SLE associated CNS vasculitis with anterior spinal artery thrombosis overlap with dermatomyositis which responded to immunosuppressive therapy.