Systemic Lupus Erythematosus is a chronic inflammatory disease that can present with cutaneous, gastrointestinal, hematologic, musculoskeletal, neurologic, psychiatric, pulmonary, renal, and reproductive system manifestations and should be considered in patients with a myriad of findings that cannot be explained otherwise.

Case

A 24-year-old African American woman with no significant past medical history presented to multiple outside facilities with a complaint of lower extremity edema, diffuse abdominal pain, and nausea/vomiting for one week. The patient denied any rashes, photosensitivity, arthralgias, fevers or chills, diarrhea, or recent travel and was not sexually active. On admission, the patient had a low grade temperature of 100.5°F, was tachycardic with a pulse rate of 128, and hypertensive with a blood pressure of 152/106 with normal oxygen saturations. On physical exam, the patient appeared ill with pale conjunctiva, tachycardic with a Grade III/VI mid-systolic murmur heard best at the left lower sternal border and a mild friction rub on cardiac exam. Pertinent labs on admission included an H/H of 6.2 g/dL/19.4 %, Cr 7.4 mg/dL, Bicarb 18mmol/L, anion gap 19, and urinalysis showed red blood cells too numerous to count, 500mg/dL proteinuria, and 5-10 hyaline casts. CXR showed an enlarged cardiac silhouette and subsequent 2D echo showed a large pericardial effusion without evidence of tamponade.

Discussion

The patient was presumptively diagnosed with Systemic Lupus Erythematosus (SLE) and was later found to be ANA positive and anti-DS DNA positive and on admission was treated with high dose steroids, cyclophosphamide and rituximab, and hemodialysis. During her complicated hospital course, the patient also began having generalized tonic-clonic seizures and well as vision changes and MRI/MRA of her brain was consistent with lupus cerebritis.

Systemic Lupus Erythematosus is a chronic inflammatory disease that most commonly affects women in their 20’s and 30’s and can have multi-system involvement; cutaneous, gastrointestinal, hematologic, musculoskeletal, neurologic, psychiatric, pulmonary, renal, and reproductive system manifestations.

The clinical presentation may include constitutional symptoms or symptoms based on organ system involved.

Frequent symptoms/signs are arthritis/arthralgias, fatigue, weight loss, and rashes (including the characteristic malar rash or discoid lesions).

SLE should be considered in patients with a myriad of findings that cannot be explained otherwise.