



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

LUPUS FLARE IN PUERPERIUM

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Background: Systemic lupus erythematosus and pregnancy are closely interlinked with increased incidence of pre-eclampsia, miscarriage, IUGR and neonatal lupus. SLE can exacerbate in pregnancy and very rarely in puerperium.

Overview: A 21 yr old housewife came with complaints of swelling on face and legs red rash on face and breathlessness, fever, joint pains and painful ulcers in oral cavity 2 wks after caesarian section. There was history of spontaneous abortion in 1st trimester in her second pregnancy.

On examination, mild hypertension with edema of hands and feet was seen. Cutaneous examination revealed well defined erythematous plaques on malar area of face, edema of face and periorbital area and multiple oral ulcers.

On investigating, A progressive fall of Hb, WBC and platelet counts was seen & increase in proteinuria and hematuria. X-ray chest showed pleural effusion on left side. ANA and ds-DNA were strongly positive. Histopathology shows epidermal atrophy, liquefactive degeneration in basal layer, dermal edema, and perivascular infiltrate with dilatation of superficial vessels. DIF studies showed linear deposits of IgG and IgA in dermo-epidermal junction.

Patient was treated with Inj. I.V Cyclophosphamide and Inj I.V methyl prednisolone pulse therapy. After 4 months she showed complete resolution of cutaneous lesions with normal platelet counts and Hb

Key message: Although SLE is known to exacerbate in pregnancy, flare in puerperium is relatively rare, but probably could be explained due to the increased levels of prolactin in puerperium.

