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AUTOIMMUNE CONNECTIVE TISSUE DISEASES

VASCULITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS: A REPORT OF A SEVERE LOWER LIMBS ISCHAEMIA

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Background: Systemic lupus erythematosus (SLE) is considered the most diverse autoimmune disease and can affect any organ. Vasculitis is a vascular inflammatory process and may assume several clinical forms with a prognosis that can vary from good to life threatening.

Observation: a 44-year-old woman with no history of smoking, four months after cesarean delivery, in 2011, developed scarring vesicular-bullous skin lesions on photoexposed areas, anemia, anasarca, oral ulcers and was referred to a rheumatology clinic. She was diagnosed with acute SLE and lupus nephritis (positive anti-double stranded DNA antibody, 24-hour urine protein test of 1800 mg, hypocomplementemia) and was submitted to pulse therapy with cyclophosphamide and follow-up using hydroxychloroguine (HCQ), mycophenolate mofetil (MMF), antihypertensives and systemic corticosteroid. In December 2017, she developed claudication of the legs; requested an doppler ultrasound, without alterations. Six months later, she presented worsening of lower limbs pain, hypothermia, cyanosis of the distal third of the left leg, as well as in toes of the right foot and in fingers of both hands. Arteriography of the lower limbs revealed left mid-distal occlusion of the anterior tibial artery, distal middle third of the fibular artery and segmental occlusion in the mid-distal third of the posterior tibial artery, and in the right leg occlusion of the middle third of the anterior tibial and fibular artery. Patient was submitted to infra-patellar amputation of the left leg due to necrosis. Currently, antiphospholipid syndrome (APS) antibodies were requested; she is using systemic corticoid, HCQ and MMF daily, showing improvement of the extremities cyanosis.

Key message: Vasculitis in SLE is most commonly recognized in the skin and its presence is associated with increased mortality. APS antibodies dosage should be considered in the evaluation of ischemic phenomena. Having defined the nature of vascular complications, it's possible to determine a specific therapy.





