

Tanaffos (2006) 5(2), 65-67

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Late Onset Systemic Lupus Erythematosus

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ABSTRACT

Late onset systemic lupus erythematosus (SLE) after 50-year-old is rare. We report a case of 84-year-old woman presenting with systemic lupus revealed by pleural effusion associated with renal involvement. The pleural effusion, renal abnormalities and the immunological abnormality improved within 4 weeks after prednisone therapy (1 mg/kg/day).

The late onset lupus differs from those with early onset, in terms of mild clinical presentation and favourable prognosis. Our observation is exceptional due to the very late onset of the lupus and involvement of a major organ, the kidney, which is usually exceptional in this age. (Tanaffos 2006; 5(2): 65-67)

Key words: Late onset systemic lupus erythematosus, Pleural effusion, Kidney, Corticosteroids

INTRODUCTION

Systemic lupus erythematosus (SLE) is a common disease of connective tissue that predominately affects young women (1, 2). Onset of SLE beyond the age of 50 years is uncommon; this constitutes about 4 to 29 % of total SLE patients (1, 3, 4). Our case report is unique due to the very late onset of lupus revealed by pleural manifestation and renal involvement which are unusual at this age.

CASE REPORT

An 84-year-old woman, with systemic hypertension treated by nifedipine, was admitted in October 2004 with bilateral chest pain, fever, weakness, anorexia, and weight loss initiating one month earlier.

Pleural effusion was revealed on physical

examination. An inflammatory syndrome was found (sedimentation rate 116 at the first hour ; C-reactive protein 145 mg / dl). Chest X-ray showed bilateral pleural effusion (figure 1).



Figure 1. Bilateral pleural effusion in chest- x ray

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Thoracentesis revealed serous exudate fluid with lymphocytic cells predominance (72 %).

A percutaneous pleural biopsy showed non specific inflammatory changes. Sputum smear was negative for tuberculosis. Fiberoptic bronchoscopy showed inflammatory mucosa. Abdominal ultrasonography and transthoracic echocardiography were normal. Immunological tests pointed towards systemic lupus erythematosus: titre for antinuclear antibodies 1/200; anti DNA titre 1/10; anticardiolipin antibodies 36 UI/ml.

Urinalysis showed proteinuria: (1g/day) and microscopic hematuria. The cytobacteriological analysis of the urine was negative. Renal function was normal. Renal biopsy was refused by the patient. Drug induced lupus was ruled out.

The diagnosis of SLE with pleural and renal involvements was considered. Glucocorticoid therapy (prednisone 1 mg/kg/day) and chloroquine sulfate (400 mg daily) were started. Hematuria, proteinuria pleural effusion and immunologic abnormalities all disappeared after four weeks.



Figure 2. Improvement of pleural effusion

DISCUSSION

Late onset systemic lupus erythematosus after 80 years old is exceptional (2, 5). A few cases have been reported. It differs from systemic lupus with early onset in term of clinical presentation, pattern of organ involvement and prognosis. Also, the female

predominance is less observed (sex ratio 6–10 / 1 Vs 3.2- 4. 4 /1) (3, 6, 7).

The sex hormones modifications may play a part in determining the expression of the disease (2).

The interval between the symptom onset and the diagnosis of SLE is longer in the late onset SLE with a delay of over 5 years (1).

The clinical presentation of late onset SLE patients varies in different series. Commonly reported clinical features include fever, weight loss, musculoskeletal complaints and pleuropericarditis (3). Our patient fulfilled the ARA (American Rheumatism Association) criteria.

Pleural involvement in late onset SLE patients is treated by corticosteroid with good prognosis (8, 9). Involvement of major organ, especially the kidney is exceptional in late onset SLE (2, 10). In this patient, the diagnosis of lupus nephritis was based on hematuria, proteinuria and their disappearance after the treatment.

Immunological abnormalities observed in this patient, are less frequent in other reported elderly persons.

The treatment of late onset SLE is based on low dose steroid. The use of cytotoxic drugs is recommended when a major organ is involved.

Patients with late onset SLE usually have mild course of the disease. The overall survival rate at 10 years is about 92 % (10). The relapse is exceptional, estimated to be 0.08 % (2).

CONCLUSION

Although late onset SLE is rare, its mild clinical presentation and good prognosis impose to evoke the diagnosis in elderly with compatible clinical findings.

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