ABSTRACT

SYSTEMIC LUPUS ERYTHEMATOSUS – MYOSITIS OVERLAP IN A 27 YEARS OLD FILIPINO

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AIM: The prevalence of myositis with SLE is low. Data is still limited to date. The aim of this case report is to describe the clinical features and management of this rare condition. This is a case of a 27 years old female coming in for persistent fever associated with loss of appetite, diffuse myalgia and erythematous, non-pruritic rashes of four weeks duration. Past medical and family history were unremarkable. On physical examination, she was febrile, pale-looking, with clear breath sounds, tachycardic with regular rhythm, with palpable liver and spleen that were tender on palpation, erythematous and non-pruritic macular rashes on both upper extremities. She had no malar rash, oral ulcers, enlarged lymph nodes, or joint swelling.
METHOD: Patient was followed from admission up to the time of discharge. Diagnosis of SLE was confirmed by immunologic markers. Inflammatory myositis was defined clinically and by creatinine kinase elevation. Patient's demographics, clinical and laboratory features were analyzed.
RESULTS: Initial laboratory findings revealed low hemoglobin and hematocrit, lymphopenia and lymphocytopenia on complete blood count, elevated liver enzymes and normal creatinine. There was hepatosplenomegaly and incidental findings of bilateral pleural effusion and pericardial effusion on whole abdominal CT scan with IV contrast. On immunologic work-up, antinuclear antibody (ANA), anti-SSA and lupus anticoagulant were positive. Anti-double-stranded DNA antibody, anti-Smith, anti-RNP, anti-cardiolipine, beta glycoprotein turned negative. Complement 3 and 4 levels were low. Serum creatinine phosphokinase and creatinine kinase MM were markedly elevated. Impression was SLE-Myositis overlap. There was improvement of clinical status after eight days of starting methylprednisolone and hydroxychloroquine, with noted increase in white blood cell and platelet counts.
CONCLUSION: Distinguishing myalgia as a spectrum of SLE or as overlap between SLE and myositis remains challenging. A delay in the diagnosis can cause severe complications

Keywords: SLE; Myositis; Overlap