ISSN 2515-8260 Volume 09, Issue 07, 2022

MALE SYSTEMIC LUPUS ERYTHEMATOSUS, AN UNUSUAL CLINICAL PRESENTATION

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INTRODUCTION

Systemic lupus erythematosus (SLE) is an autoimmune disease of unknown etiology with a preponderance among women of child bearing age. It is rare in men with only one men per nine females. [1] [2]

There is no clear reason for the high prevalence in women. Symptoms of skin rash, fatigue and joint pain are similar in men and women. However, men are seen to have a more complex clinical course. Men are seen to have more frequent skin manifestations, cytopenias, renal disease, serositis, neurologic involvement, thrombosis, cardiovascular disease, hypertension, and vasculitis than women. [3].The diagnosis of SLE is based on clinical and immunological criteria. The commonly detected serological markers are the antinuclear antibodies (ANA).We report an unusual case of SLE in a male patient who presented to our hospital with a history of short febrile illness.

CASE REPORT

A 33 year old male, presented with history of on and off fever for 2 weeks. It was associated with joint pain and there was history of weight loss. On examination, multiple hyper pigmented plaques were seen over the face on both sides of the cheek and nose. They were painless and non-itchy. Pedal oedema was also present and ulcers were noted in the oral cavity. There was no history of any autoimmune disease in the family or tuberculosis exposure.

The patient was admitted in our hospital for evaluation of short febrile illness. Blood routines revealed Hemoglobin-10.6 gm/dL, total leukocyte count- 11800/cumm, Platelet count - 310,000/cumm. CRP: <5 mg/dL. ANA-positive (homogenous and cytoplasmic), serum creatinine 0.6mg/dL, blood urea-19mg/dL, total bilirubin 0.57 mg/dL, SGOT/SGPT-610/157. Chest X-ray, ECG and USG abdomen were normal. Viral markers were negative. A fall in haemoglobin from 10.6 to 9.5 mg/dl and platelet level 117,000 to 89,000/cumm was noticed on day 4.

Skin biopsy was done from the left upper chest and a provisional diagnosis of systemic lupus erythematosus was arrived at. Further, immunoblot profile revealed presence of antibodies to the Mi 2, KU, nucleosome, AMA M2, Sm nuclear antigen, as well as SSA/Ro 60 KD and RNP. Jo-1 and Scl 70 were negative. He fulfilled eight of 17 of the Systemic Lupus International Collaborating Clinics (SLICC) criteria for the diagnosis of SLE, which included clinical criteria for acute cutaneous lupus, oral ulcers, anaemia, leukopenia,

thrombocytopenia and joint disease and immunologic criteria of positive anti-Sm and ANA. This confirmed diagnosis of SLE in this patient.

The patient was given pulse therapy of methyl prednisolone followed by tablet wysolone 40 mg daily and oral hydroxychloroquine 200 mg daily at night. Patient showed substantial improvement.

DISCUSSION

SLE is an autoimmune disease with significant heterogeneity. It is a multisystem disease which involves all parts of the immune system. [4] Even though the etiology is unclear, genetic predisposition along with environmental and hormonal factor play key roles in its pathogenesis. [5]Women with history of exposure to estrogen containing oral contraceptives and hormone replacement therapy are seen to be at higher risk of developing SLE. [6]

There is a relative sex disparity observed in this disease and caution should be taken to avoid delayed diagnosis of SLE in a male patient. This would markedly decrease the morbidity and mortality. SLE can have a huge role to play on the quality of life and work productivity. Hence, early diagnosis is just as important as in other chronic diseases. [7]

SLE diagnosis is based on clinical and laboratory findings as per SLICC criteria.SLE can be classified if atleast four criteria are met. This includes atleast one clinical criterion AND one immunologic criterion OR Lupus nephritis as the sole clinical criterion in the presence of ANA or anti-dsDNA antibodies. [8]

Mainstay treatment includes glucocorticoids and antimalarial drugs, along with immunosuppressive or biologic drugs. Current recommendations also suggest that antimalarial drugs, such as hydroxychloroquine, should be considered in all SLE patients. However, caution should be taken for early detection of retinopathy which is a serious complication, rarely seen on prolonged use. [9]

CONCLUSION

This case report aims to increase awareness among practitioners regarding SLE in a male patient. A high index of suspicion will help in early diagnosis and better prognosis. Primary care physicians in India should be aware of the unusual presentations of SLE.

REFERENCES

1. *Petri M. Dermatologic lupus: Hopkins Lupus Cohort. InSeminars in cutaneous medicine and surgery 1998 Sep 1 (Vol. 17, No. 3, pp. 219-227).*
2. *Rus V, Maury EE, Hochberg MC, editors. The epidemiology of systemic lupus erythematosus. Philadelphia: Williams and Wilkins; 2002*
3. *do Socorro Teixeira Moreira Almeida M, da Costa Arcoverde J, Jacobino MN, Coimbra Neto AR. Male systemic lupus erythematosus, an overlooked diagnosis. Clinics and practice. 2011 Oct;1(4):226-7.*
4. *Weckerle CE, Niewold TB. The unexplained female predominance of systemic lupus erythematosus: clues from genetic and cytokine studies. Clin Rev Allergy Immunol. 2011 Feb;40(1):42-9.*

5. *Murphy G, Isenberg D. Effect of gender on clinical presentation in systemic lupus erythematosus. Rheumatology (Oxford) 2013;52:2108-15*.
6. *Agrawaal KK, Dhakal SS. Systemic lupus erythematosus in males: a case series. Saudi J Kidney Dis Transpl 2014;25:638-42*
7. *Marzena Olesińska M., Saletra A. Quality of life in systemic lupus erythematosus and its measurement. Reumatologia. 2018;56:45–54*.)
8. *Petri M, Orbai AM, Alarcón GS, Gordon C, Merrill JT, Fortin PR et al. Derivation and validation of the Systemic Lupus International Collaborating Clinics classification criteria for systemic lupus erythematosus. Arthritis & Rheumatism. 2012 Aug;64(8):2677-86.*
9. *Gergianaki I, Bertsias G. Systemic lupus erythematosus in primary care: an update and practical messages for the general practitioner. Front Med (Lausanne) 2018;5:161*