

Title: Lupus in a Low-Resource Setting: Pulmonary Vasculitis May Better Predict Prognosis

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Background:

Systemic Lupus Erythematosus (SLE), often referred to as Lupus, is a complex disease capable of affecting several different systems of the body at the same time. However, in many African countries, this disease remains grossly under-diagnosed, and often mis-diagnosed, due to the difficulties in diagnosing this illness. We hereby present a case study of SLE that presented with Lupus pericarditis, but also with concurrent multi-system disease as well.

Case Study:

We present a 30-year old female, who, after several months of symptoms, presented with generalized body malaise, fluctuating arthralgias, and easy fatigueability; and the patient was found to have renal impairment, with serological evidence of inflammation. Preliminary auto-immune screen suggested Lupus, and the patient was started on therapy. However, over the next few months, the patient's condition deteriorated progressively, until she presented with Lupus Pericarditis. Since then, a complex multitude of concomitant comorbidities were diagnosed, including lupus arthritis, vasculitis, serositis, cystitis, and abnormalities within haematological abnormalities that, together with diagnostic serology, led to the final diagnosis of SLE.

Throughout her two years of treatment with us, the patient fluctuated in and out of pulmonary hypertension. Whilst only some of these correlated with presence of heart failure, or with evidence of flares, the others did not. However, the presence of PHT, in the absence of overt heart failure, appeared to better correlate with concomitant disease activity, including sub-clinical activity; more than we realized at the time. Such volatile PHT may have been due to fluctuating pulmonary vasculitis, as opposed to the more common causes known.

Conclusion:

SLE remains grossly under-diagnosed in the African setting. This case highlights the importance of a high index of suspicion for SLE by practitioners, as well as the benefits of inter-disciplinary collaborations across the field of Medicine. In SLE, PHT from pulmonary vasculitis may be of greater

importance than we know, and this may also better predict current disease activity as well as immediate prognosis.

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