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A case of systemic lupus erythematosus presented with autoimmune hemolytic anemia: treated successfully with cyclosporine

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Systemic lupus erythematosus (SLE) is a chronic autoimmune connective tissue disorder, hematological derangements in SLE are widely recognized, with lymphopenia being the most common although anemia and thrombocytopenia are also seen.

Key words: systemic lupus erythematosus, hemolytic anemia, cyclosporine

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АУТОИММУНДЫ ГЕМОЛИТИКАЛЫҚ АНЕМИЯМЕН БІРГЕ КЕЗДЕСКЕН ЖҮЙЕЛІ ҚЫЗЫЛ ЖЕГІНІҢ КЛИНИКАЛЫҚ ЖАҒДАЙЫ: ЦИКЛОСПОРИНМЕН НӘТИЖЕЛІ ЕМДЕУ

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Жүйелі қызыл жегі (ЖҚЖ) – жүйелі аутоиммунды ауру. Гемолитикалық анемия, лейкопения, лимфопения, тромбоцитопения ЖҚЖ кезінде жиі кездесетін гематологиялық проблемалар болып табылады. Мақалада әлсіздікке шағымдалған 19 жастағы қыз баланың клиникалық жағдайы сипатталған. Біз аутоиммунды гемолитикалық анемияның циклоспориннің көмегімен оң нәтижелі емделуі тәжірибесін ұсынып отырмыз.

Маңызды сөздер: жүйелі қызыл жегі, гемолитикалық анемия, циклоспорин.

КЛИНИЧЕСКИЙ СЛУЧАЙ СИСТЕМНОЙ КРАСНОЙ ВОЛЧАНКИ С АУТОИММУННОЙ ГЕМОЛИТИЧЕСКОЙ АНЕМИЕЙ: УСПЕШНОЕ ЛЕЧЕНИЕ ЦИКЛОСПОРИНОМ

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Системная красная волчанка (СКВ) - это системное аутоиммунное заболевание. Гемолитическая анемия, лейкопения, лимфопения, тромбоцитопения являются наиболее распространенными гематологическими проблемами при СКВ. В статье описан клинический случай 19-летней молодой девушки с жалобами на слабость. Мы представляем случай успешнего лечения аутоиммунной гемолитической анемии циклоспорином.

Ключевые слова: системная красная волчанка, гемолитическая анемия, циклоспорин.

INTRODUCTION

Systemic lupus erythematosus (SLE), is a systemic autoimmune disease. In 1997 ACR classification criteria set autoimmune hemolytic anemia, leukopenia, lymphopenia and thrombocytopenia are recorded [1]. A 19-year-old

woman was admitted with complaints of weakness. She had autoimmune hemolytic anemia and treated successfully with cyclosporine therapy.

CASE

19 year-old woman, was admitted with complaints of fatigue and occasional joint pain. Malar rash, photosensitivity and arthritis were not present. 1 year ago she was hospitalized because of anemia, however, at that time, she was undiagnosed. In her family, there was no rheumatic diseases. In physical examination of the patient her face and conjunctiva were pale. Blood pressure was 90/60 mmHg, pulse was 110/min, and fever was 36.7 ºC. In laboratory: Sedimentation 19 mm/h, C-reactive protein 58.1 mg/L, WBC 1.3x10³, Hgb 6 g/dL, PLT 269x103, creatinin 0.5 mg/dL, ALT 6 U/L, LDH 441 U/L, TSH 2.7, urinalysis was normal. Salmonella and Brucella were negative. Atypical cell was not observed in peripheral blood smear. ANA antibody profile was homogeneous and showed a granular staining pattern. Anti- dsDNA and anti-Sm were positive. Direct Coombs was positive. SLE was diagnosed and the patient was given methylprednisolone pulse therapy for 3 days. After then 1 mg/kg dose was maintained. During the follow-up because of fever she diagnosed febrile neutropenia and treated with antibiotic therapy. In addition to steroid medication, hydroxychloroquine 200 mg 2x1 and cyclosporine 100 mg 3x1 were given. The patient's white blood cell and hemoglobin level rose quickly. Hemoglobin level increased to 13.5 g/dL. The patient's clinical symptoms were improved.

DISCUSSION

Most often, SLE starts in people in their 20s and 30s. It occurs 10 times more often in women than in men. A variety of disease manifestations are exhibited by SLE patients, common manifestations include arthritis, pleuritis, nephritis, neuropsychiatric disorders, and hematological disorders. Antierythrocyte antibodies are implicated in the pathogenesis of autoimmune hemolytic anemia. Hematological derangements in SLE are widely recognized, with lymphopenia being the most common although anemia and thrombocytopenia are also seen. Autoimmune hemolytic anemia occurs in about 5%–10% of SLE patients [2]. Autoimmune hemolytic anemia in SLE has been treated successfully with steroid and cyclosporine.

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