



POSTER PRESENTATION

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Two different cases of SLE with neuropsychiatric manifestation

V Panaviene^{1*}, S Rusoniene¹, M Jakutovic²

From 18th Pediatric Rheumatology European Society (PReS) Congress
Bruges, Belgium. 14-18 September 2011

Background

Juvenile Systemic Lupus Erythematosus (SLE) is an autoimmune disease with variable clinical features. Neurologic and psychiatric symptoms are reported to occur in 10 to 80 percent of patients either prior to the diagnosis of systemic lupus erythematosus, or during the course of their illness. The neuropsychiatric manifestations of SLE are varied, and may be classified as primary neurologic and psychiatric disease (eg, related to direct involvement of the neuropsychiatric system), and secondary disease (eg, related to complications of the disease and its treatment).

Objective

Describe and compare clinical and laboratory features of two girls with SLE and neurologic manifestation.

Methods

We report 15 and 10 years girls cases with SLE and similar neurological symptoms, MRI changes, but different origin of encephalitis.

Results

First girls neurological symptoms (headache, depression, irritability) dated at the first onset of lupus. Neuropsychiatric symptoms manifested, partial seizures occurred. Immunological tests showed a very high titres of ANA, antidsDNA. The presence of a combination of anti-cardiolipin/beta2-glycoprotein I antibodies strongly associated with CNS vasculitis, abnormal MRI. Treatment with antiepileptic drugs, of steroids puls-therapy with further oral prednisone and intravenous cyclophosphamide were effective in reducing symptoms. Second girl's analogous neuropsychiatric manifestaion occurred

after one year of lupus treatment with oral prednisone and after second cyclophosphamide puls, due to secondary factor – viral infection (EBV, HSV) with dominated organic dysfunction of the central nervous system (seizures, tetraplegy, pseudobulbar paralysis). Her antiphospholipid antibodies were low, and had no high association with neurologic symptoms and MRI changes. Intavenous methylprednisone and further cyclophosphamide therapy was ineffective and Rituximab – a chimeric anti-CD20 monoclonal antibody, as anti-viral treatment - has been used effectively. Her lupus-nephritis disappeared.

Conclusions

Neuropsychiatric disturbance due to CNS lupus must be a diagnosis of exclusion, especially in immunosuppressed patients. All other possible causes of neurologic and psychiatric symptoms. particularly viral infection must be considered. Rituximab was effective in treatment of Epstein-Bar encephalitis and improved symptoms of severe SLE.

Author details

¹Clinic of children's diseases, Vilnius University, Lithuania. ²Vilnius University children hospital, Lithuania.

Published: 14 September 2011

doi:10.1186/1546-0096-9-S1-P250

Cite this article as: Panaviene et al: Two different cases of SLE with neuropsychiatric manifestation. *Pediatric Rheumatology* 2011 **9**(Suppl 1):P250.

* Correspondence: violeta.panaviene@vuvl.com

¹Clinic of children's diseases, Vilnius University, Lithuania

Full list of author information is available at the end of the article