



PULMONARY EMBOLISM AND ANTIPHOSPHOLIPID ANTIBODY SYNDROME

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Objective:

Systemic lupus erythematosus syndrome is an autoimmune disease with numerous complications that can affect literally any organ. Careful evaluation for autoantibodies or other features of autoimmune disease is crucial. Patients with SLE have increased rates of infection of the lung, lung cancer, lupus pneumonitis, diffuse alveolar hemorrhage... Pulmonary involvement in the form of SLE can range from subclinical to rapidly progressive and fatal as in SLE associated with antiphospholipid antibody syndrome.

CASE REPORT

We present a case of 26 year old man with a history pulmonary embolism underlying antiphospholipid



antibody syndrome. Our patient presented with abdominal pain and general weakness, physical examination tachycardia and in blood exams signs of renal crisis and microcyte anaemia. Chest computed angiography had showed massive pulmonary embolism. Serologic testing was made. Renal biopsy was performed to confirm the diagnosis of SLE. He was hospitalized from ER emergency service and LMWH, pulse steroids and immunosuppression therapy (cyclophosphamide) were indicated. Administer intravenous pulse methylprednisolone for up to five days followed by transition to an oral preparation with gradual tapering and then maintenance. The decision about specific immunosuppressive agent to initiate for SLE was dependent upon the severity of the illness. The third day after pulse steroids were given, psychic symptoms occurred (irritability, aggressiveness, difficulties with sleeping, increasing confusion). Psychiatrist prescribe antidepressive.

On three months outpatient control checkup patient had no evidence of respiratory disturbance, anaemia in blood exams and renal parameters (serum creatinine, red and white blood cells, proteinuria and cellular casts) improved.

CONCLUSION

Patients with SLE suffer from severe and possible lethal multiorgan dysfunction and its complications. We present the case where adequate and prompt treatment led to full recovery. Clinicians and health professionals should recognize and warn patients of possible potential long-term complications due SLE and encourage them to seek medical and mental health care for any condition they notice.



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