

A case of lupus flare in post partum lactating patient

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Patient information

- 22 year , female
- 2 month post-partum
- Known case of SLE since 2012
- Admitted on 5.10.2020

Chief complaints

- Pedal edema progressing to abdomen with facial puffiness for 2 months
- Erythematous rash all over body for same duration
- Shortness of breath – grade 2

History begins from 2012

- Presented with GTCS with mucocutaneous manifestations and arthritis , diagnosed as SLE
- 2012- 2013 = she received injection cyclophosphamide (CD- 4.5 g)
- 2013-18 = she was on AZR , wysolone , levipil and clinically stable

2019

- Episode of fever , leucopenia , low complement , improved with steroid hiking
- 2019 Dec – she was pregnant , clinically stable on LDS , AZR . Urine – normal , Anti Ro/La – negative , AcL – IgM & IgG negative

2020

- She was asymptomatic in January 2020
- Stopped all medicine from February ,2020
- She delivered a SGA male baby of 1.5 kg in Aug 2020

Examination

- Patient conscious , alert .
- PR-100 /min , BP- 160/90 mm Hg
- Bilateral gross pedal edema upto thigh
- Healing hyperpigmented macular rash over forehead , malar area , pinna , anterior chest , back – discoid rash
- Diffuse non-scarring alopecia , no oral ulcer
- Chest – bilateral ISA decreased VBS
- CVS –S1/S2, no added sound
- Abdomen – distended with shifting dullness

Investigation

- **CBP**- 7.9/3000/1.5 , ESR-60
- **CUE** - Alb 4+, RBC = 11-20, PC >50
- **SGOT/SGPT**- 21/10 , **ALP**- 88 , **TP/Alb** – 3.9/1.1 , **Cr**-0.59
- **Urine SPCR** = 6.33 , **24 hour urine protein** – 2.66 gram (TUV- 2.4 L)
- **ANA-IIF** – 4H+ 2C , **dsDNA**- negative , **C3/C4** – 46/5
- **2D- Echo** – moderate pericardial effusion , global hypokinesia of left ventricle , LVEF – 45% , mild PAH (RVSP- 35 mm Hg)
- **Chest X ray** – cardiomegaly with bilateral pleural effusion
- **USG – whole abdomen** – grade 2 fatty liver , gross ascites , bilateral mild pleural effusion

SLEDAI-2K = 22 (>6)

- Proteinuria- 4
- Hematuria -4
- Pyuria -4
- Inflammatory rash – 2
- Alopecia -2
- Pleural effusion -2
- Pericardial effusion – 2
- Low complement – 2

Weight	SCORE	Descriptor
8	<input type="checkbox"/>	Seizure
8	<input type="checkbox"/>	Psychosis
8	<input type="checkbox"/>	Organic brain syndrome
8	<input type="checkbox"/>	Visual disturbance
8	<input type="checkbox"/>	Cranial nerve disorder
8	<input type="checkbox"/>	Lupus headache
8	<input type="checkbox"/>	CVA
8	<input type="checkbox"/>	Vasculitis
4	<input type="checkbox"/>	Arthritis
4	<input type="checkbox"/>	Myositis
4	<input type="checkbox"/>	Urinary casts
4	<input type="checkbox"/>	Hematuria
4	<input type="checkbox"/>	Proteinuria
4	<input type="checkbox"/>	Pyuria
2	<input type="checkbox"/>	Rash
2	<input type="checkbox"/>	Alopecia
2	<input type="checkbox"/>	Mucosal ulcers
2	<input type="checkbox"/>	Pleurisy
2	<input type="checkbox"/>	Pericarditis
2	<input type="checkbox"/>	Low complement
2	<input type="checkbox"/>	Increased DNA binding
1	<input type="checkbox"/>	Fever
1	<input type="checkbox"/>	Thrombocytopenia
1	<input type="checkbox"/>	Leukopenia

BILAG score – Category A domain

- Mucocutaneous domain – Category A
- Cardiorespiratory domain – Category A (active myocarditis)
- Renal domain – Category A

Hospital course

- Started with 1 mg /kg steroid
- Diuretic and anti hypertension support
- Patient was gradually improved
- Her edema was decreased with increased urine output
- Patient was discharged on 12.10.2020 with tacrolimus and steroid

Next OPD visit – 27.10.2020

- 26/10/2020- Repeated episode of GTCS with post seizure transient visual blurring
- Blood pressure – normal , Brain imaging not done
- Treated outside with inj. Levetiracetam
- 27.10.2020 – NIMS OPD visit
- Bipedal severe edema with ascites + , no neurological sequelae
- Diagnosis - ? PRES with active nephritis ? CNS vasculitis (NPSLE)
- CUE – Alb 4 , active sediment + , Cr – 0.78 , TP/Alb – 3.8/1.4
- Started cyclophosphamide (600 mg) with other treatment measures
- Strict avoidance of breast feeding was advised

Important Questions

- Immunosuppression in immediate postpartum flare in a lactating mother
 - CYC
 - MMF
 - Tacrolimus
 - Azathioprine
 - Oral glucocorticoids
- Efficacy of each agent in LN induction
- Breast milk secretion of each agent
- Effect of each agent on the full term, LBW neonate

Important Questions

- Choice of anti-hypertensive in each patient
 - Efficacy of each agent in LN induction
 - Breast milk secretion of each agent
 - Effect of each agent on the full term, LBW neonate