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# Aggressive CNS Lupus vasculitis with antiphospholipid syndrome: Case report

**Mohamed abd El Monem Teama**

Ain Shams University, Egypt

**Biography**

Mohammed Abdelmoneim Anwer Teama is lecturer of internal medicine Rheumatology and Immunology division married with two children lives in Cairo, Egypt having experience in field of Rheumatology and immunology for about 10 years doing different researches in field of Rheumatology especially for SLE also member of Egyptian Society of Rheumatology and Immunology (ESRD) and also member in EULAR being speaker in different conferences of Rheumatology and Immunology.

**Abstract**

Antiphospholipid syndrome is an autoimmune disorder characterized by the presence of antiphospholipid antibodies and commonly presents with vascular thromboembolic phenomena, thrombocytopenia, and obstetric complications. Antiphospholipid syndrome can be classified as either primary or secondary to other connective tissue diseases like SLE. Central nervous system (CNS) involvement is one of the major causes of morbidity and mortality in systemic lupus erythematosus (SLE) patients. Clinical manifestations can involve both the central and peripheral nervous systems.

**Case presentation:** In that paper we reported the case of female patient 22 years old known SLE developed acute onset of neurological manifestations in form of sleepiness, left side hemiparesis with pyramidal tract distribution, right sided ataxia, horizontal nystagmus with 6th cranial nerve palsy of left eye in form of diplopia and squint with left 7th and 12th cranial nerve palsy in form of dysarthria and deviation of mouth.

The patient diagnosed to have aggressive CNS lupus vasculitis with secondary antiphospholipid syndrome with multiple cerebral infractions shown by MRI and MRA. Patient started to manage by pulse steroid therapy (1gram methylprednisolone) with cycles of cyclophosphamide monthly for 6 months accompanied with therapeutic anticoagulation in form of warfarin with much better improvement.

**Conclusions:** The case reported that neurological manifestations of SLE can occur alone as complication of SLE (in form of vasculitis) or may occur secondary to antiphospholipid syndrome, so at any case of lupus celebrities we must search if that manifestations only with lupus (inflammatory in nature) or secondary to antiphospholipid syndrome (thrombotic in nature) or both. CNS lupus vasculitis should be suspected even in absence of systemic clinical manifestations and negative serological markers

**Key words:** Systemic lupus erythematosus, CNS vasculitis, antiphospholipid syndrome.

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