

VASCULAR MANIFESTATION IN SLE

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INTRODUCTION

- SLE is autoimmune disorder with multisystem involvement and vascular manifestation are well known entity in SLE, involving multiple factors.
- Thrombosis prevalence in SLE is >10% and PAH prevalence being 0.5-17%.
- The pathophysiology involves multiple mechanism from vasculitis and in-situ thrombosis. Incidence of vascular manifestation is high in 1st year of disease because of high level of disease activity.
- Thrombosis is 2nd most common cause of death in SLE, behind active SLE. Early diagnosis, risk factors (APLA etc.) detection and treatment with hydrochloroquine (unless contraindicated) is necessary.

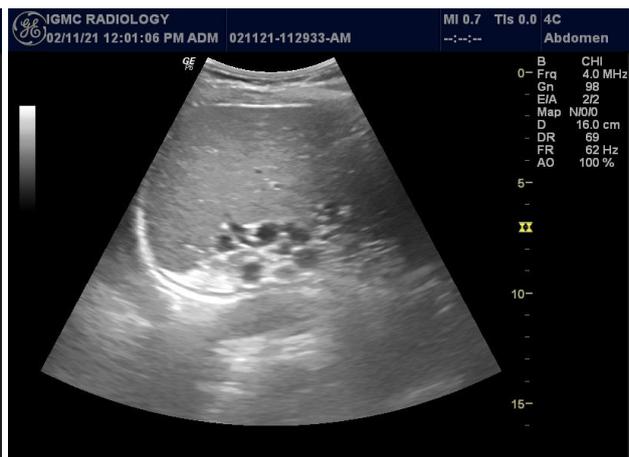
CASE REPORT

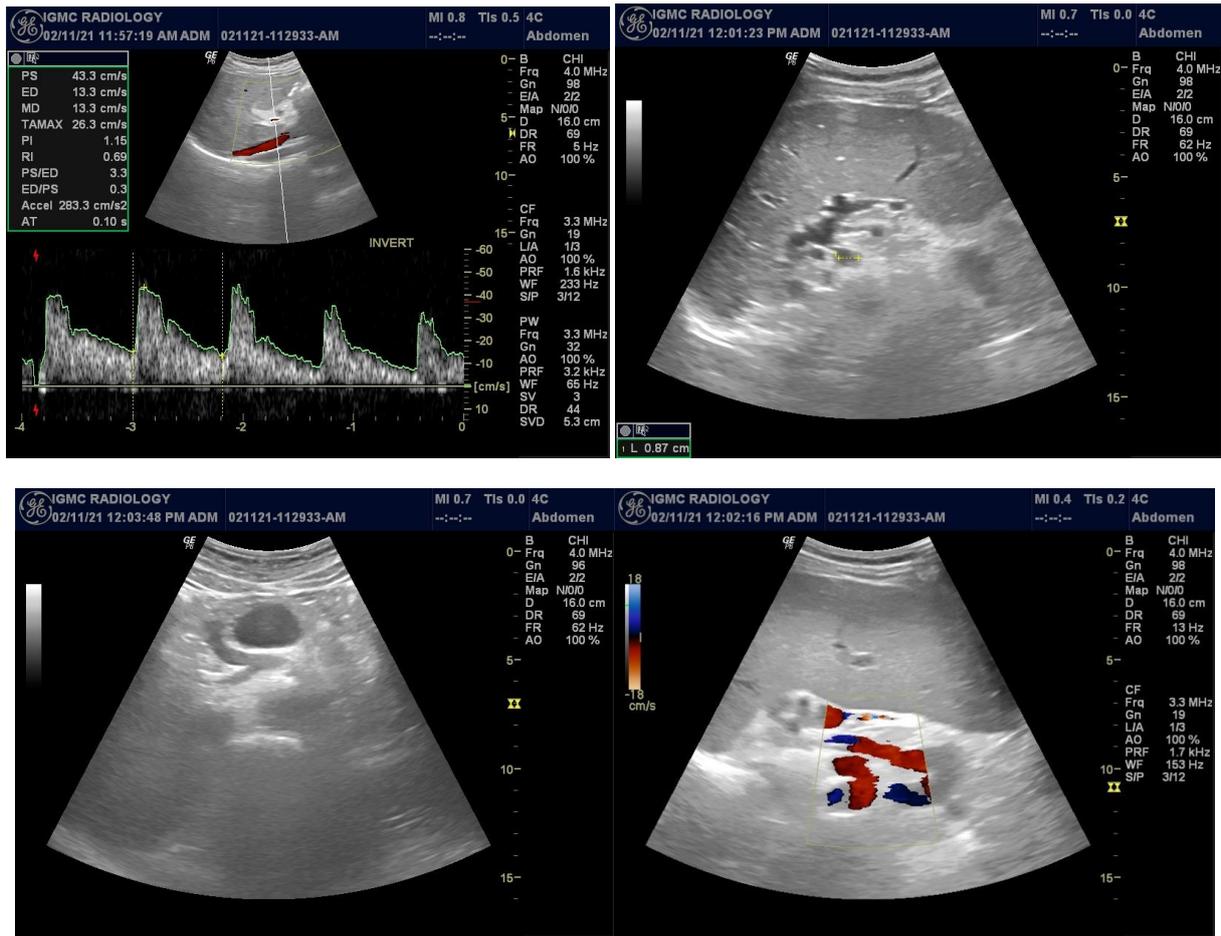
- 38 YRS, F, K/C/O- SLE and ATT intake for pulmonary TB 4 yrs back.
- C/O: COUGH WITH SPUTUM AND STREAK OF BLOOD.
- O/E: PULSE-72/min, BP- 104/78mmHg, SpO2- 97%, DISCOID RASH ON FACE, CHEST-WNL, CVS- LOUD P2 WITH PSM, ABDOMEN- SPLENOMEGALY, CNS- WNL.
- INVESTIGATION: Hb-12.5 mg/dl, TLC-2.300/mm cube, Plt- 54000/uL, ESR-25, BUN-9, S Creat- 0.53, Na-143, K-35, Cl- 109, T Protein- 6.3 gm/dl,

Albumin- 2.8 mg/dl, qCRP-3.2, VIRAL MARKERS-NEGATIVE, T Bil-2.19, ALT-37, AST-75, ALP-87.

- UGI ENDOSCOPY- GRADE I ESOPHAGEAL VARICES.
- ECHOCARDIOGRAPHY- Mild TR with Sev PAH with Mild MR with grade II LVDD.

USG ABDOMEN





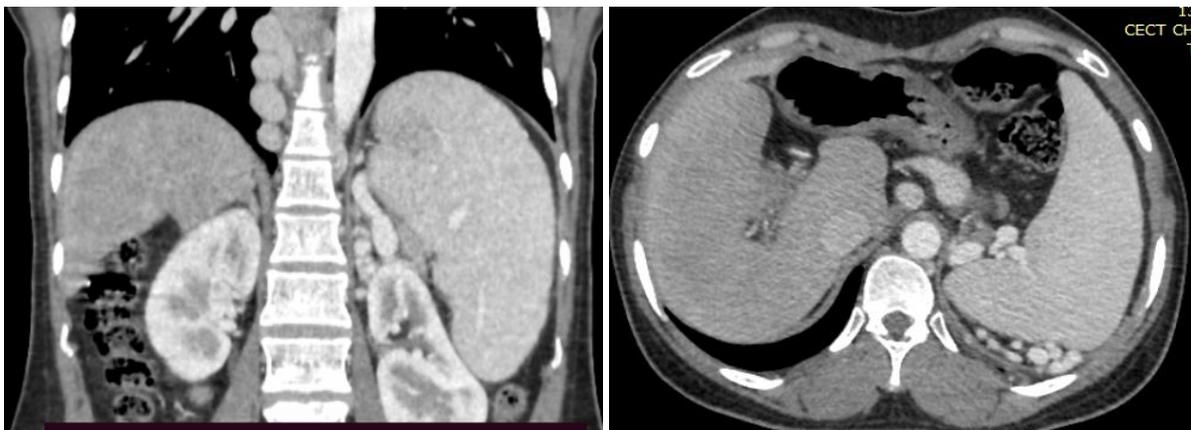
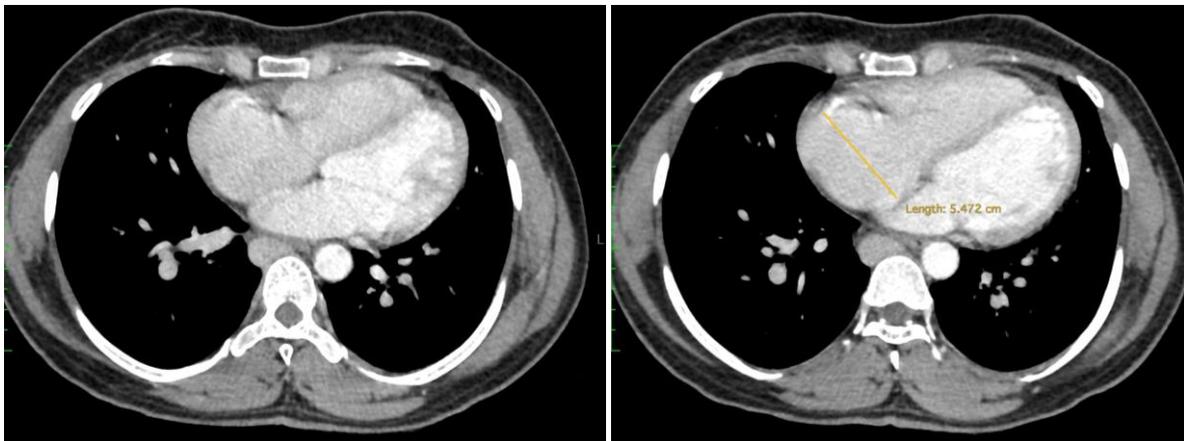
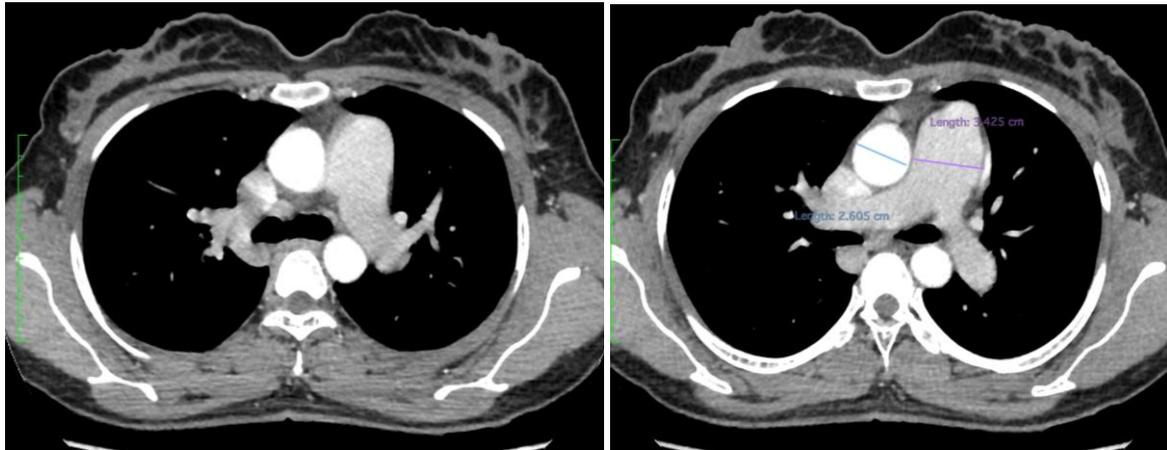
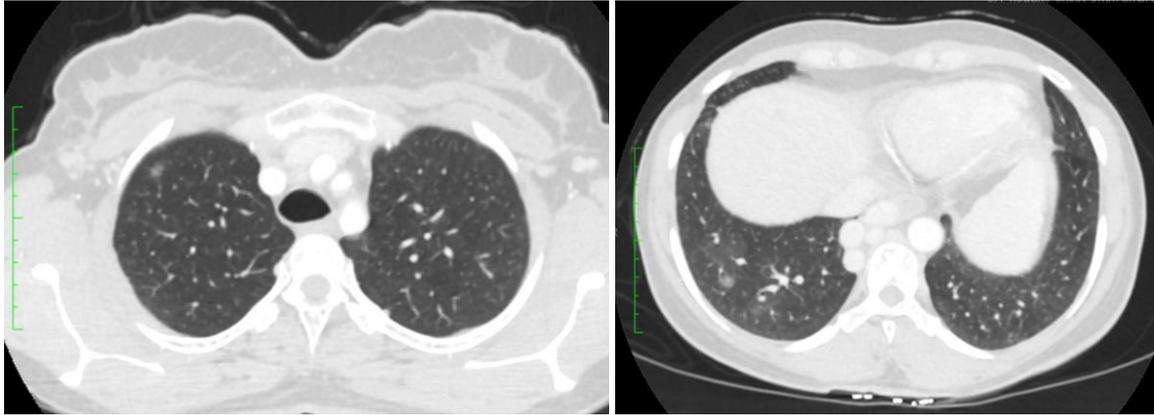
CXR

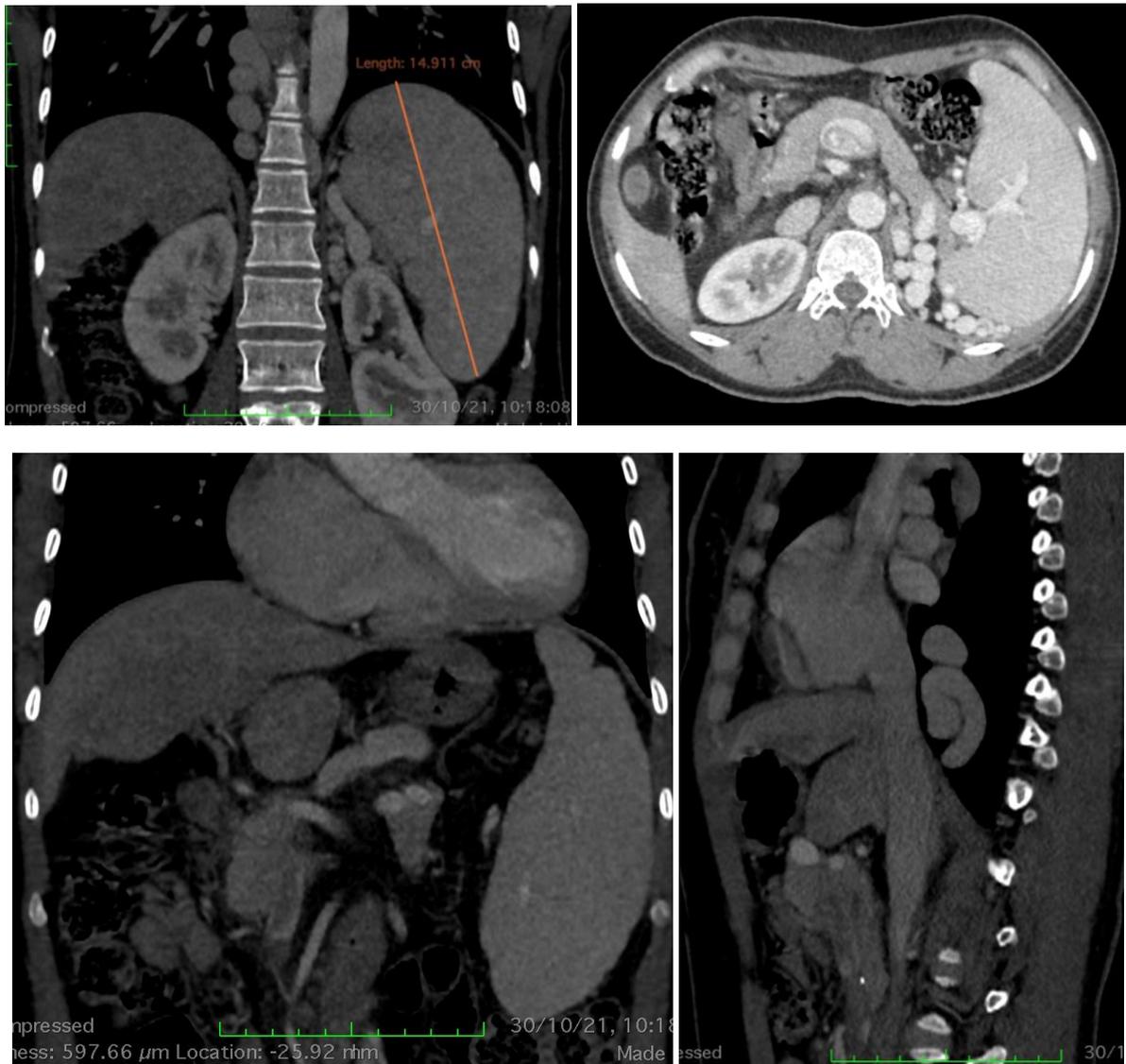
MULTIPLE WELL DEFINED LOBULATED RADIOOPACITIES ARE PRESENT IN RIGHT PARATRACHEAL REGION MEASURING UPTO MAKING AN OBTUSE ANGLE WITH LUNG PARENCHYMA AND SHOWING POSITIVE

THORACOABDOMINAL SIGN- S/O POSTERIOR MEDIASTINAL LESION. TRACHEA AND MEDIASTINAL ARE IN MIDLINE. BILATERAL HILUM AND BILATERAL LUNG FIELDS ARE GROSSLY NORMAL. BILATERAL CP ANGLE NORMAL. NO ABNORMAL AIR UNDER DIAPHRAGM



CECT CHEST





- GGO IN RUL- MICROALVEOLAR HEMORRHAGES WITH RIGHT ATRIAL ENLARGEMENT AND PULLMONARY ARTERIAL HYPERTENSION.
- CHRONIC HEPATIC PARENCHYMAL DISEASE WITH SPLENOMEGALY WITH PORTAL VEIN THROMBOSIS WITH PARTIAL SMV THROMBOSIS EXTENDING INTO AZYGUS VEIN WITH COLLATERLS AT SPLENIC HILUM AND PERISPLENIC REGION WITH LENORENAL SHUNTING AND PERIAZYGUS COLLATERLS WITH MARKEDLY DILATED AND TORTUOUS SPLENIC ARTERY.
- T. HCQ 200 mg OD HS.

DIAGNOSIS

- SLE WITH LEUCOPENIA WITH THROMBOCYTOPENIA WITH CLD WITH PORTAL HTN WITH EHPVO WITH PAH WITH MILD MR WITH GRADE II LVDD.

TREATMENT

- T. WYSOLON 5mg OD BBF.