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RHUPUS SYNDROME – A RARE CASE REPORT

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ABSTRACT Rhupus syndrome, a rare overlap of systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA), poses diagnostic challenges due to its diverse clinical presentation. This report presents a case of a 55-year-old male with progressive limb weakness, joint pain, and photosensitive rash. Laboratory findings confirmed Rhupus syndrome, and treatment with steroids and DMARDs led to significant improvement. Early recognition of Rhupus is crucial for timely intervention and optimal patient outcomes.

KEYWORDS : Rhupus syndrome, SLE, RA, inflammatory myopathy

CASE REPORT

A 55-year-old male presented with progressive bilateral upper and lower limb weakness over six years, accompanied by joint pain and swelling, predominantly of small joints, low-grade fever, and fatigue. Over a period of one year, the patient noticed a photosensitive rash on the face with sparing of nasolabial folds. Clinical examination revealed muscle weakness, absent reflexes, ulnar deviation, and finger deformities.

FINDINGS

Laboratory tests showed normocytic-normochromic anemia, thrombocytopenia, elevated ESR and CRP, positive ds-DNA, RA factor, Anti-CCP antibodies, and hypocomplementemia. Electromyography and muscle biopsy confirmed inflammatory myopathy. Treatment with steroids and DMARDs improved strength within six weeks.

DISCUSSION

Diagnosing Rhupus syndrome is challenging due to its variable symptoms and lack of specific criteria. It typically starts with RA-like symptoms and progresses to SLE features, characterized by symmetric polyarthritis, rheumatoid nodules, photosensitivity, and specific autoantibodies.

CONCLUSION

Early recognition of Rhupus syndrome is crucial in patients with atypical features of SLE and RA. Increased awareness facilitates timely intervention, optimizing patient outcomes through appropriate therapy and management.

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