



ANA NEGATIVE SLE : A RARE ENTITY

General Medicine

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ABSTRACT

ANA Negative SLE is very rare , but it exists. It is especially prevalent under the use of glucocorticoids , or other immunosuppressant. Low Platelets, low C3 , positive anti dsDNA and high antiphospholipid antibody. It is also possible that ANA that was positive , over the disease course ANA can become negative. Here we present a 40 year old female who is provisionally diagnosed as SLE , whose ANA turns out to be negative , but skin biopsy of the rash from face shows features of subacute lupus erythematosus. She had coarse inspiratory crepitations in B/L infrascapular areas , splenomegaly , proximal hip muscle weakness , with joint pain. ANA was negative , antiSS was positive. HRCT showed early mixed connective tissue disorder. But no renal or CNS involvement. Patient responded well to corticosteroids and Hydroxychloroquine. This case presented is a rare entity of ANA negative SLE with antiSS positive and biopsy of the rash proved to be of SLE. High suspicion is required in ANA negative SLE and adequate treatment is necessary.

KEYWORDS

Ana negative SLE, Glucocorticoids in SLE

INTRODUCTION

SLE is multi-system autoimmune inflammatory disorder. Presently ANA detection is decisive step in diagnosing SLE. For patients who are ANA negative is a challenge to diagnose SLE .

Here is a case of a middle aged female who presented to KVG General Medicine OPD. She presented to us with complaints of fever with rash on nape of neck and left upper limb since 2 months, multiple small and large joint pain since 1.5 month , cough with scanty sputum and multiple sores on mouth and lips Joint pain was progressive such that patient was unable to tolerate even passive movement of joint. Patient had received multiple injectables and treatment at local hospital.

Findings: On Examination Frontal hairline was thinned and posteriorly displaced. Patient also had violaceous erythematous rash on cheeks sparing nasolabial folds were present.

Systemic Examination

Bilateral Coarse inspiratory crepitations were present. Mild splenomegaly was present . CNS : Power was 3/5 with predominant proximal weakness. Joint tenderness on active and passive movements was present associated with arthritis.

Lab Investigations

Anaemia with thrombocytopenia was present urine protein was + , Hypocalcaemia, RA factor was normal, anti CCP was normal. ANA by IF was negative. ANA profile showed Anti SS 52 kDa ++. Skin Biopsy was consistent with features suggestive of Lupus erythematosus Patient was started on injectable corticosteroids and other supportive measures. Patient improved with this treatment.



Figure 1: Cutaneous Lesions of Patient.

CONCLUSIONS

ANA Negative SLE is very rare , but it exists. It is especially prevalent under the use of glucocorticoids , or other immunosuppressant. Low Platelets , low C3 , positive anti dsDNA and high antiphospholipid antibody. It is also possible that ANA that was positive , over the disease course ANA can become negative.

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