



ORIGINAL RESEARCH PAPER

Psychiatry

A CASE OF NEUROPSYCHIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS (NPSLE) PRESENTED WITH NEGATIVE SYMPTOMS OF SCHIZOPHRENIA.

KEY WORDS: NPSLE, psychosis, anti-nuclear antibody, immuno-modulator, steroids

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INTRODUCTION:

Systemic lupus erythematosus is an autoimmune chronic inflammatory disorder affecting connective tissues of body organs. It is more common in female. Neuropsychiatric manifestations like headache, cerebrovascular events like stroke, seizures, psychosis, cognitive impairment, which is termed as neuropsychiatric systemic lupus erythematosus (NPSLE).^{1,2,3}

CASE REPORT:

A 30 year old female patient was presented with blunting of affect, lack of social interest, poverty of speech and thoughts, lack of motivation, apathy, staying aloof, sleep disturbance, poor self care and very low physical activity since last 1 year and dark skin lesions over face. Patient was admitted in female psychiatry ward and she was put on Tab. Olanzapine 5mg. On laboratory investigation, Complete Blood Cell Count report, patient had very low platelet count. After reference from Medicine department, Anti-nuclear antibody (ANA) profile was done, which was positive for SS-A, SS-B, ds-DNA & nucleosome. On MRI brain patient had gliotic changes in thalamus, cerebellum, and parietal region with ischemic demyelination. On basis of MRI brain changes and ANA profile changes patient was diagnosed as Neuropsychiatric Systemic Lupus Erythematosus (NPSLE). For psychotic symptoms olanzapine was increased up to 10mg. After increased Tab. olanzapine, there was improvement in sleep disturbance, poor self care, poverty of speech. Patient was referred to rheumatologist and Dermatologist, diagnosis of NPSLE was confirmed by Rheumatologist. Patient was prescribed Immuno-modulator and steroids like, inj. cyclophosphamide 500mg, inj. Methylprednisolone 500mg, Tab. Prednisolone 20mg and hydroxychloroquine 200mg. Dermatologist started kojic acid cream for melasma on face.

DISCUSSION:

There are few case reports similar to our case reports regarding NPSLE. Some reports showing that more than 40 mg of Prednisolone cause psychosis in patient of SLE⁴. So steroid induced psychosis is ruled out in this patient.

CONCLUSION:

A patient presented with psychiatric complaints should be thoroughly investigated for organicity.

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