ORIGINAL RESEARCH PAPER

General Medicine

LUPUS VASCULITIS LEADING TO FINGER AMPUTATION: A RARE CAUSE IN A NEWLY DIAGNOSED SLE PATIENT

KEY WORDS: Lupus Vasculitis, Amputation, Early Recognition

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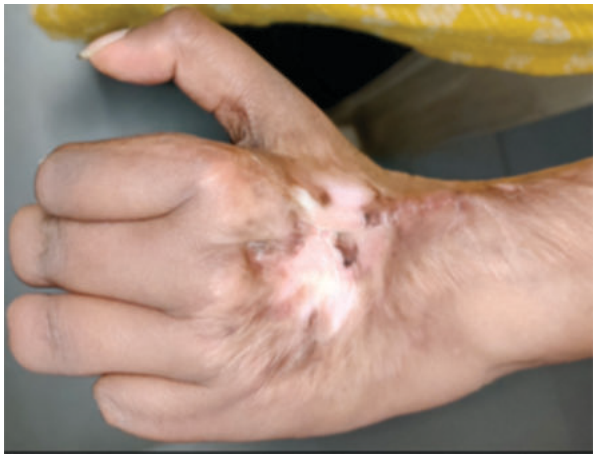
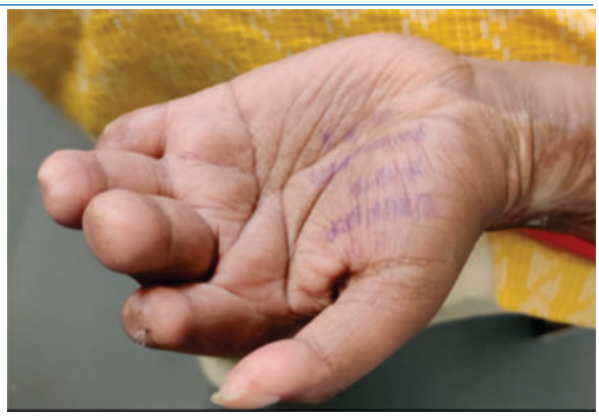
INTRODUCTION

Systemic Lupus Erythematosus (SLE) is a chronic, multisystem autoimmune disorder with a wide spectrum of clinical manifestations. Among its rare but severe complications is vasculitis, which results from immune complex deposition and subsequent inflammation of blood vessels, potentially leading to tissue ischemia and necrosis. This case details a 21-year-old female recently diagnosed with SLE, who presented with acute lupus vasculitis manifesting as painful blackish discoloration of the fingers. Despite prompt medical intervention, the severity of ischemia necessitated partial finger amputation. This case highlights the need for early recognition and aggressive treatment of vasculitic complications in SLE to prevent irreversible damage.

MATERIAL AND METHODS

A 21-year-old female presented with blackish discoloration of the left hand fingers, from the little finger to the index finger, associated with swelling and pus discharge. The symptoms began insidiously and progressively involved all four fingers over a few days. She had been consulting a local doctor for four days prior, during which the swelling in the left little finger rapidly progressed to gangrene in all affected fingers. On examination, distal pulses of the left upper limb were not palpable. Baseline investigations including CBC, LFT, RFT, electrolytes, urine routine, RBS, chest X-ray, and ECG were within normal limits. Autoimmune workup revealed a positive ANA by immunofluorescence with a homogenous pattern at a 1:100 dilution, and ANA blot was positive for antibodies against RNP/Sm, Sm, and SS-A. P-ANCA was also positive. Complement levels were low with C3 at 86 (normal: 90–180) and C4 at 9.44 (normal: 10–40), and ESR was elevated at 90. CT aortogram showed a well-defined hypodense, partially lumen-occluding filling defect in the intrahepatic IVC, just after the confluence of the bilateral iliac veins, suggestive of an IVC thrombus measuring approximately 3.6 cm.





RESULT

The patient underwent amputation of four fingers of the left hand due to extensive gangrene and was initiated on treatment with oral prednisolone 5 mg once daily, hydroxychloroquine 400 mg once daily, aspirin 75 mg once daily, and acitrom 2 mg once daily. She received six monthly doses of intravenous cyclophosphamide, each 1 gram. Initially, she was also prescribed azathioprine 100 mg once daily but discontinued it on her own. Currently, the patient is being managed with mycophenolate sodium 360 mg twice daily.

CONCLUSION

Lupus vasculitis is a rare but serious complication of Systemic Lupus Erythematosus (SLE), as demonstrated in this 21-year-old patient. It can lead to life-altering consequences such as digital ischemia and amputation if not identified and managed promptly. This case underscores the critical need for early recognition and aggressive treatment of vascular involvement in SLE. Clinicians should maintain a high index of suspicion for vasculitis, even during the early stages of the disease, to improve patient outcomes and prevent irreversible damage.

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