



ORAL PRESENTATION

Cerebral vasculitis and pulmonary tuberculosis

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Abstract

Introduction: Autoimmune diseases can affect any organ or system in the body. Systemic lupus erythematosus (SLE) is a multisystem autoimmune chronic inflammatory disease. Infectious interurrences are a challenge in these SLE patients and should be closely monitored.

Case Report: We present a male patient, 35 years old, with a history of SLE, lupus nephritis and arterial hypertension. He was admitted to the Emergency Department with right hemiparesis with one hour and a half of evolution. He was hospitalized with an ischaemic stroke. He had a carotid ultrasound with a stenosis of approximately 50-60% in the left internal carotid artery and brain magnetic resonance imaging with evidence of acute ischaemic lesions, sequelae of old infarcts and vasculitis phenomena. In view of the existence of cerebral vasculitis, and in order to initiate therapy with

cyclophosphamide, the patient performed the screening of infectious complications. Chest computed tomography revealed peribronchovascular infiltrate with areas of necrosis and cavitation with hydroaeric levels, favouring the diagnosis of pulmonary tuberculosis. Collected bacilloscopy showed evidence of multiple alcohol-acid resistant bacilli. Therapy with isoniazid, rifampicin, pyrazinamide and ethambutol was instituted. Mycobacterium tuberculosis was identified in sputum samples. We performed a lumbar puncture to exclude central nervous system infection which was unremarkable.

The patient remained asymptomatic, nonfebrile and had a good clinical evolution, with total recovery of motor deficits.

Conclusion: Early diagnosis and appropriate treatment are mandatory in situations in which SLE is associated with pulmonary tuberculosis, especially in areas endemic to this disease.

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