

Early Macrophage Activation Syndrome Triggered by Liver Biopsy in a Patient with Systemic Lupus Erythematosus: A Case Report (Abstract ID 024)

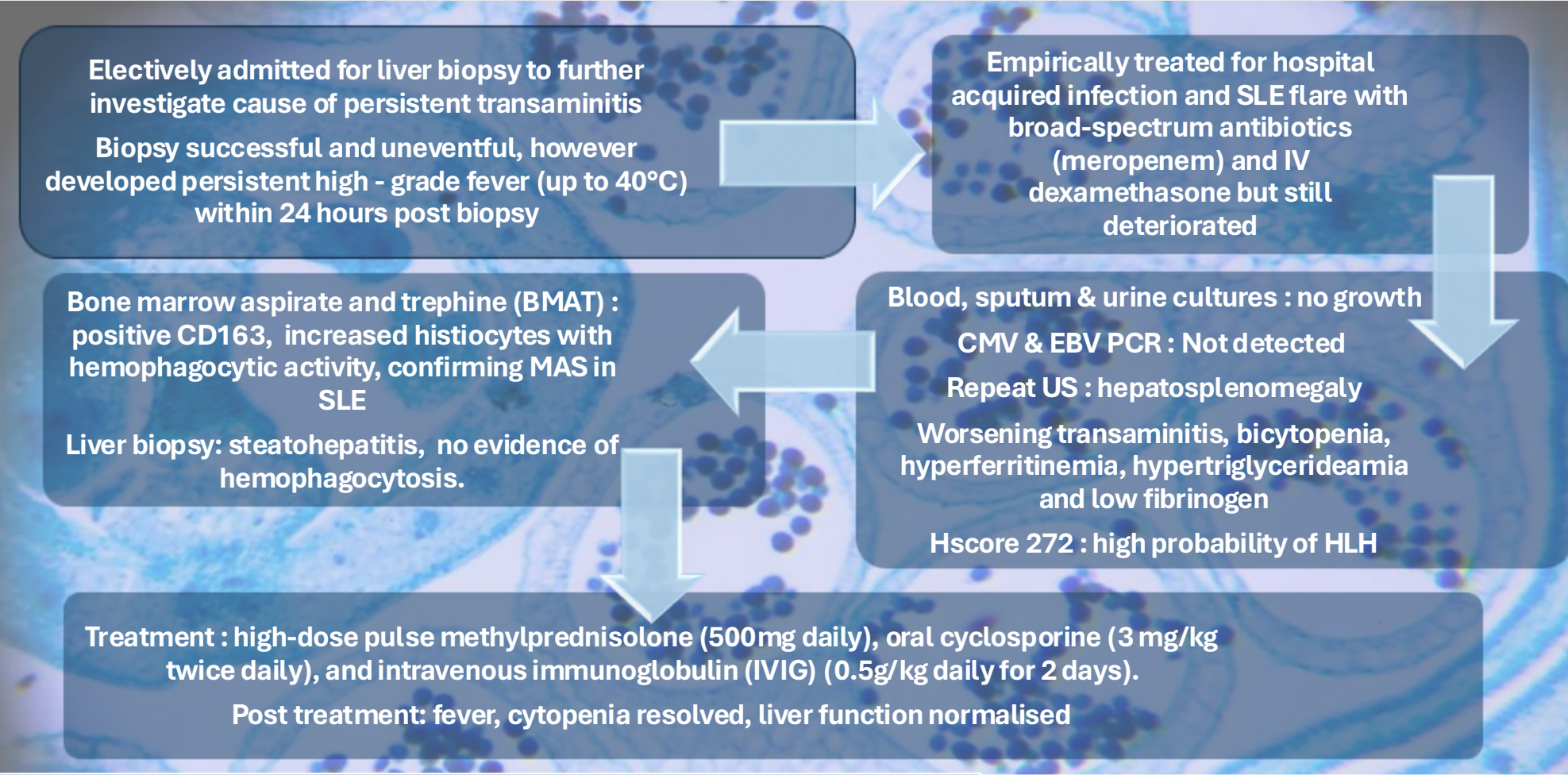
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Introduction

Systemic lupus erythematosus (SLE) is a complex autoimmune disorder with multi-organ involvement. Management involved immunosuppressive therapy which can be limited by complications such as transaminitis. This case report highlights a rare complication of macrophage activation syndrome (MAS) in a patient with SLE, triggered by a liver biopsy.

Case report

- 23-year-old lady with SLE (mucocutaneous, musculoskeletal, and haematological involvement) suffered frequent SLE flares.
- Persistent transaminitis hindered initiation of second-line immunosuppressants.
- Viral and autoimmune hepatitis serologies negative; US abdomen revealed fatty liver.



Discussion	Conclusion
<ul style="list-style-type: none">MAS - a form of secondary hemophagocytic lymphohistiocytosis (HLH), is a rare but life-threatening complication in SLE¹.Early signs include sustained fever, bi/ pancytopenias, deranged liver function, organomegaly, and hyperferritinemia².Hscore is helpful in estimating an individual’s probability of having reactive hemophagocytic syndrome³.Bone marrow biopsy is key for diagnosis³.This case is unique for:<ul style="list-style-type: none">MAS onset within 24 hours of biopsyDiagnosis supported by HScore and BMATNo MAS histological features in liver biopsy	<ul style="list-style-type: none">This case underscores the importance of maintaining a high index of suspicion for MAS in SLE patients with acute deterioration post-procedure.Early recognition and timely treatment can be life-saving.
	References <ul style="list-style-type: none">1. Crayne CB et al. <i>Front Immunol.</i> 2019;10:119.2. Grom AA et al. <i>Nat Rev Rheumatol.</i> 2016;12(5):259–68.3. Fardet L et al. <i>Arthritis Rheumatol.</i> 2014;66(9):2613–20.