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Late-Onset Systemic Lupus Erythematosus Presenting as Infection in an Elderly Female: A Diagnostic Challenge (Abstract ID 032)

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Introduction

Systemic lupus erythematosus (SLE) is an autoimmune disease typically affecting women of reproductive age. Late-onset SLE, occurring after age 50 is rare and may present with atypical features that mimic infection, leading to diagnostic delays.

Case Report

63 years old lady
- persistent right leg bullous cellulitis unresponsive to antibiotics
- Bicytopenia (aneamia and thrombocytopenia)
- persistent low mood with recent aggressive behaviour

Additional blood tests
- ANA: positive, homogenous pattern, titre>666.9IU/ml
- ENA: Anti-Scl, Anti-Ro, Anti-RNP positive
- APLS: ACL IgG and anti B2GP1 positive
- P ANCA and PR3 positive

Examination
- Extensive erythematous wound over right shin
- Vasculitic rashes over left leg
- Septic emboli over palms and fingers
- Non scarring alopecia
- Acute delirium

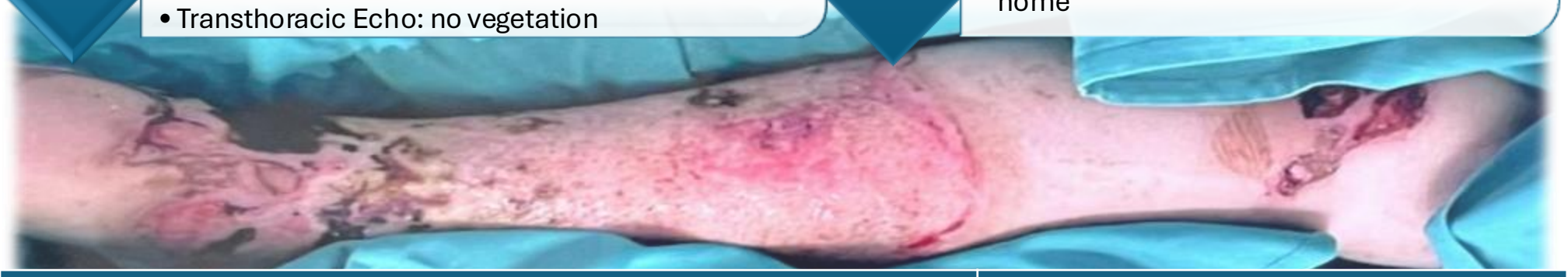
Imaging
- MRI Brain: white matter hyperintense foci suggestive of cerebral vasculitis
- US Doppler: left lower limb deep venous thrombosis (DVT)

Initial diagnosis
- presumed disseminated methicillin-sensitive Staphylococcus Aureus (MSSA) bacteremia
- treated with IV Cloxacillin 2g 4 hourly

Revised diagnosis
- SLE with haematological, mucocutaneous, neuropsychiatric involvement (NPSLE) and secondary vasculitis
- Left Lower Limb DVT with secondary APLS

Investigation
- 3 sets of blood culture no growth
- Direct coombs and IgG positive
- Pancytopenia with prolonged INR
- Lumbar puncture: not suggestive of meningitis
- Transthoracic Echo: no vegetation

Treatment
- Initiated on immunosuppressant – steroid, Azathioprine & Hydroxychloroquine
- Lifelong anticoagulation with warfarin
- Patient recovered and was discharged home



Discussion

- Late-onset SLE (>50 years) is uncommon and often presents with non-specific symptoms rather than classic lupus features [1]. This can delay diagnosis, especially when symptoms mimic infection.
- Our patient's initial presentation resembled cellulitis and sepsis. However, negative cultures, poor antibiotic response, worsening cytopenia and neuropsychiatric features prompted further investigation. Positive autoimmune serologies and MRI Brain findings supported the diagnosis of SLE with haematological, mucocutaneous, neuropsychiatric involvement (NPSLE) and secondary antiphospholipid syndrome (APLS) [2,3].

Conclusion

- This case highlights the need to consider autoimmune disease in elderly patients with unexplained, multisystem illness.
- Early recognition and treatment can prevent complications and improve outcomes.

References

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2. Unterman A et al. *Semin Arthritis Rheum*. 2011;41(1):1–11.
3. Cervera R et al. *Arthritis Rheum*. 2002;46(4):1019–27.