

## Central nervous system vasculitis

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ACTA REUMATOL PORT. 2013;38:306

An eighteen-year-old woman with a diagnosis of lupus since the age of thirteen, with mucocutaneous, hematologic and pleural involvement, was admitted to the Emergency Department presenting a generalized tonic-clonic seizure. The patient also had secondary anti-phospholipid syndrome, hypertension and was on peritoneal dialysis due to chronic kidney disease related to lupus glomerulonephritis.

At the time of the admission she was submitted to treatment with methylprednisolone, mycophenolate mofetil, nifedipine, propranolol and omeprazole.

Physical examination showed a right central facial palsy, right positive Barré and generalized hyperreflexia. There were no other significant alterations.

Complete blood count, biochemistry analysis and urinalysis were normal. Blood cultures and serologies were negative. Cytology in cerebrospinal fluid (CSF) was normal. Syphilis testing, Brucella and Borrelia burgdorferi antigens were negative in CSF. Detection of JC virus DNA by polymerase chain reaction in CSF was also negative.

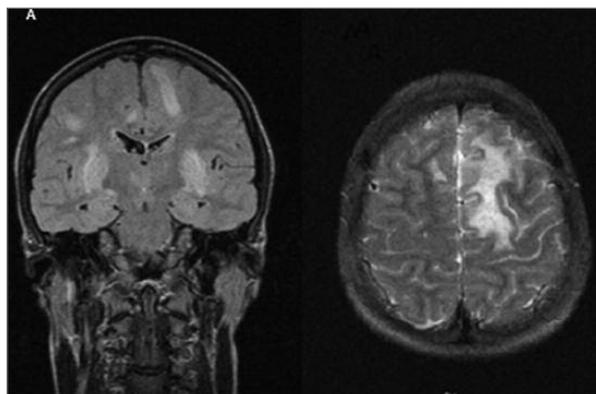
Brain magnetic resonance imaging (MRI) showed lesions compatible with the diagnosis of Neurolyupus (Figure 1). The patient was treated with intravenous immunoglobulin (IVIg) for 4 days. After completing the treatment she was submitted to a control MRI that showed an almost complete resolution of the lesions (Figure 2). The IVIg was maintained monthly and she started levitiracetam for epilepsy.

### CORRESPONDENCE TO

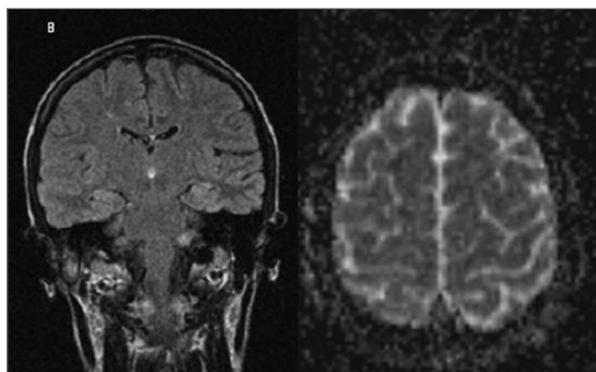
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**FIGURE 1.** Patient MRI showing lesions of neurolyupus



**FIGURE 2.** Patient MRI after treatment with IgIV, showing almost complete resolution of the lesions

### REFERENCES

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