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Cardiomyopathy in systemic lupus erythematosus (SLE) patient

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Background: Cardiomyopathy is a rare cardiac complication of SLE and potentially dangerous complication. We are presenting a case of cardiomyopathy in SLE patient as a cardiac complication of SLE.

Case Description: A 27-year-old grade IV lupus nephritis woman came to our outpatient clinic for cardiovascular evaluation. She is a non-compliance dialysis patient and had no symptom. She had history of myocarditis 4 year ago. Physical examination revealed hypertension, pale conjunctiva and cardiomegaly. Laboratory results showed Hb of 6.0 mg/dL, ureum of 122 mg/dL, creatinine of 3.9 mg/dL, eGFR of 15.1 ml/min/1.73 m², C3 of 60.6 mg/dL, C4 of 16 mg/dL, and anti dsNA of 2550.2 IU/mL. Newer echocardiography showed segmental hypokinetics, eccentric LVH and LVEF of 34%. She had methylprednisolone 2x16 mg, valsartan 1x160 mg, and mycophenolate mofetil 2x1000 mg.

Discussion: Ineffective clearance of apoptotic bodies later induce endothelial dysfunction is the main reason of atherosclerosis induced ischemia cardiomyopathy as theoretical etiology in this case. This case demonstrated a SLE patient who has cardiovascular complication since 4 years and now progressed to cardiomyopathy. Risk factors of cardiomyopathy in this patient are untreated myocarditis, non-compliance, and Chronic Kidney Disease (CKD). Promoting effects of SLE and CKD lead to a high cardiovascular risk in lupus nephritis. Coronary angiography should remain a cornerstone of the evaluation in this patient.

Conclusion: Myocardial involvement in lupus is one of the major causes of morbidity and mortality with SLE. Echocardiography remain the best imaging tool to investigate cardiovascular event, followed by other imaging modalities to help diagnoses. Prompt recognition and knowledge of cardiomyopathy might help the prognosis and survival of SLE patient.

Biography

Lusiani has completed her graduation from University of Indonesia as Medical Doctor, with the specialties including Internal Medicine from the University of Indonesia. Presently, she is working at the Cardiology Division, Internal Medicine Departement of Cipto Mangunkusumo General Hospital and Internal Medicine Departement of Aminah Hospital.

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