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Chorea and aphasia as a manifestation of SLE in an adolescent female: Case report

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Background: Systemic Lupus Erythematosus (SLE) is a chronic, inflammatory and autoimmune disease with multi-systemic involvement. Children represent 10-20% in the general population and neuropsychiatric symptoms have a prevalence of 17-70%.

Objective: Objective of the study was to describe the clinical presentation and neurological manifestations in a pediatric patient with SLE.

Methods: We present the case of a 15 year female with 3 week history of movement disorder, dysarthria and emotional liability. Laboratory and imaging studies were performed and a diagnosis of Sydenham's chorea was established. Following 4 weeks of treatment, she developed arthritis and aphasia.

Results: Radiologic evaluation did not show any disturbances, general laboratories were normal, immunological profile reported anti-nuclear antibodies with a title of 1:640, fine speckled pattern, and lupus anti-coagulant reported 2.18.

Conclusion: Diagnostic evaluation of SLE in children represents a challenge due to its clinical heterogeneity; the time related to adding signs during life and the wide severity of symptoms among pediatric population. Neurologic and psychiatric manifestations represent one common and severe evolution in SLE. Choreic movements occur in less than 5% of patients and may precede the accurate diagnosis for months and years, before the development of the whole clinical picture.

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Case with hypersensitivity pneumonia

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Introduction: Hypersensitivity pneumonia is an immunology based lung disease caused by antigens that are inhaled, characterized by peripheral airway lymphocytic infiltration and granulomatous lesions that surround interstitium. It is an allergic lung disease that develops as a result of the inhalation of organic dust. The most common form of this lung disease is pigeon fancier disease and it develops as a result of the inhalation of some kinds of organic antigens. Pigeon fancier disease is a hypersensitivity pneumonia that develops as a result of the stool of winged animals, serum and feather antigens. Not only pigeons in the first instance, but also the other winged animals cause hypersensitivity pneumonia. The most important thing is not only to diagnose the clinical findings and radiologic symptoms, but also to detect the exposure to such animals. Here, we are presenting the case that develops the pigeon fancier hypersensitivity pneumonia and the treatment carried out.

Case: 65 year male patient, a farmer consulted the clinic as a result of having cough and difficulty in breathing. He had suffered from these problems for two months. In physical examination, saturation via pulse oxymeter was %90. Bilateral rales were diagnosed in respiration. Blood analysis was non-specific and in lung graphy, rise in nonhomogenous density on bilateral lower and middle zone was detected. Respiration function test was seen as FVC 1.52 lt. %41 FEV1 1.52 %50 FEV1/FVC %129. Thoracic CT was carried out. It was seen that there were areas with distinct common ground glass density, in bilateral lower lobes in CT (Picture 1). It was seen that the patient had been a pigeon fancier for two months. The patient was diagnosed as having hypersensitivity pneumonia and 40 mg methyl prednisolone was given to him for treatment. He kept himself away from pigeons from that day on. The dose of steroid was reduced and finally at the end of the 4th month the patient was no longer given it. Via the control of thoracic CT of the patient, distinct recovery was detected on ground glass density areas. (Picture 2) After the treatment, distinct clinic recovery was seen.

Discussion: Hypersensitivity pneumonia develops as a result of the inhalation of organic dusts. Though the help of radiologic symptoms cannot be ignored, the exposure of the patient to such animals has an important role in diagnosing. It is suggested that the patients who are compatible with clinic and radiologic symptoms of hypersensitivity pneumonia, should also be inspected in terms of exposure to such animals.

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