Drug Induced Lupus in Rheumatoid arthritis patient, a case report

Introduction

Systemic lupus erythematosus (SLE) is an auto-immune disorder, etiology of which to be an interplay between genetic and enviromental factors acting as activators. These factors could be drugs, sunlight, pregnancy, viral infection etc. We are reporting a Rheumatoid arthritis case who developed SLE while receiving antituberculous therapy (Isoniazid, Rifampicin and Ethambutol) and sulphasalazine.

Case presentation

A 50-year-old Egyptian patient, known to be RA and she was put on sulphasalazine and hydroxychloroquine, treated with Isoniazide along with Rifampicin and Ethambutol for suspected pott's disease of spine. The patient presented with pleural and pericardial effusion after initiation of this therapy without any prior evidence of pulmonary tuberculosis involvement. Follow up testing including thoracoscopic pleural fluid aspiration for analysis never confirmed tuberculosis infection.

Further evaluation yielded serological evidence suggesting drug-induced lupus.

No effusion recurrence after discontinuation of Isoniazid and minipulse steroid with methyprednisolone, although other antituberculous medications were continued.

Conclusion

Drug induced lupus may explain at least some cases of new pleural and pericardial effusion following the initiation of Isoniazid or sulphasalazine in RA patient.