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Systemic lupus in the elderly a rare case in a 72 year-old man

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Systemic lupus is a complex and severe rheumatic disease with exceedingly diverse clinical manifestations. Women of childbearing age are most often affected; Systemic lupus with disease-onset in the elderly has rarely been studied. We report here a rare case of systemic lupus in the elderly. Incidence is close to 5% in different cohorts reported.

A 72 year-old man presented with thrombocytopenia 29 G/L, asthenia and scheduled inflammatory arthralgia predominant in both hands. Biological assessment found positive anti-nuclear and anti-DNA native antibodies, with autoimmune thrombocytopenia. There was no hypocomplementemia. An X-ray of both hands could not find destructive bone lesions.

Thoracic scanner allowed finding the presence of straight pulmonary arterial thrombi despite the absence of clinical signs. Systemic lupus was diagnosed according to the criteria of ACR.

Oral corticosteroids associated with hydroxychloroquine and curative anticoagulation were initiated, allowing clinical and biological improvement. The evolution was marked by the appearance of shingles from the posterior surface of the right thigh. The shingles had evolved positively by acyclovir treatment. At three months of diagnosis: Platelet count rised to 213g / L, we noted a reduction of arthralgia in both hands.

Late-onset lupus patients have a more insidious onset, a longer lag time from disease onset to diagnosis, and a decrease in female preponderance compared to patients with young systemic lupus. Thus, the sex ratio was 1.1 in Pu et al, 1, 83 in Gaujard et al and 2, 8 in Chen et al. The clinic is insidious and atypical. The onset in old age is seldom associated with malar rash, arthralgia, renal impairment as first symptom, whereas deterioration of general status and thrombosis are very frequent. Thrombotic events are very common in the elderly, revealing in 24% of cases in the study by Gaujard. Anti-nuclear antibodies are constant, anti-DNA native are often positive estimated at 82% in the study of Gaujard, while specificity of lymphopenia in the elderly is discussed. Hypocomplementemia is less frequent. Treatment is similar in the elderly, but we must insist on more frequent iatrogenic complications considering risk factors associated with age. Corticosteroid is the first-line treatment with potentially serious complications of diabetes, infections, psychiatric decompensation. Hydroxychloroquine may be used after ophthalmologic monitoring. Mortality is more common in patients with late-onset lupus, with an average survival of 71% against 95% in young patients with systemic lupus, in the cohort of Boddaert. The main causes of death were septic shock. After 65 years, it must take into account the existence of immune system changes related to immunosenescence which is characterized by the emergence of autoantibodies without any pathological context. The positive predictive value of antinuclear antibodies in systemic lupus is 11% in the general population and only 4% in patients over 65 years. Anti-DNA native antibodies have an important specificity.

Conclusion: Lupus in the elderly remains a rare event and difficult to evoke. Considering the peculiarity of older patients is essential for optimal management.

Biography

Abrar-Ahmad Zulfiqar has studied Reims University of Medicine University. He is currently working in the department of Internal Medicine and Geriatrics, UMG1, CHU Reims. He has published more than 12 papers in medical journals.

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