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RESEARCH ARTICLE

A CASE OF SYSTEMİC LUPUS ERYTHEMATOSİS WİTH STEROİD INDUCED DİABETES MELLİTUS

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INTRODUCTION

Systemic lupus Erythematosis(SLE) is an autoimmune disease in which body's immune system mistakenly attacks healthy tissues. Patients with SLE require long term steroid therapy. Long term steroids may lead to complications like Diabetes Mellitus(DM). Here we describe a young female, case of SLE who presented with despite being on short irregular course of steroids.

Presentation: 19 years old unmarried female Miss Najma Banu who is a known case of SLE, diagnosed 2 years back on irregular steroids, presented with aggravation of symptoms of poly arthritis, early morning stiffening, development of rashes over face, mouth ulcers since 6 months and pain abdomen since 8 days. History of irregular intake of steroids since 2 years stopped abruptly 6 months back following which the symptoms aggravated and patient presented with the above complaints.

Examination: On examination, patient had discoid rashes over the left side of face near the left ear, pinna of both the ears (left>right), ulcers (aphthous ulcers like) over the hard palate and soft palate. Pulse – 82 bpm, BP – 150/90 mm Hg, pallor present.

Per abdomen- soft tenderness present over right iliac, supra pubic region. Cardiovascular system - S1 S2 heard with no murmurs. Respiratory system – normal vesicular breath sounds heard, no added sounds. No neurological deficits. Bilateral eyes fundus is normal with round reactive pupils measuring 3 mm with no evidence of diabetic or hypertensive retinopathy.

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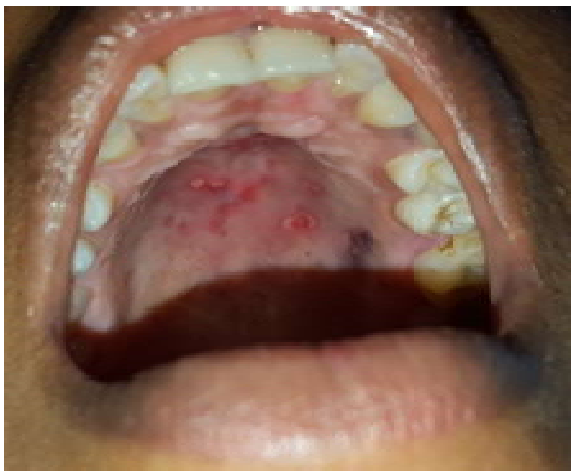
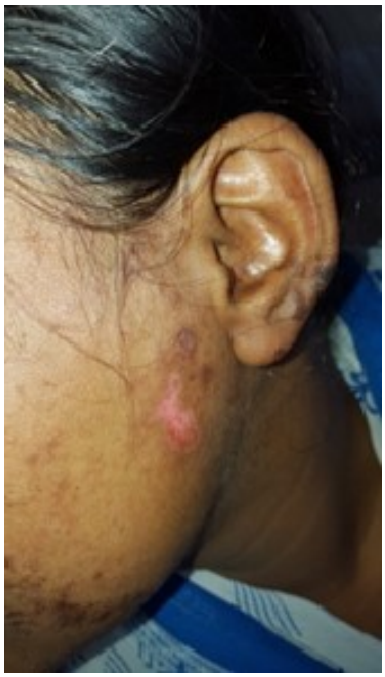
Investigations: Hb- 9.6 gm%, TC- 4200, platelet- 302000, ESR- 46, MCV- 76.6, MCH- 224.4, PCV- 30.2, MCHC- 31.8, RBS- 144 mg/dL, FBS-120 mg/dL, PPBS-259 mg/dL, HbA1c-7.0, sodium- 141, potassium- 2.9, chloride- 109 CRP-9.2, RA factor-8.6 IU/ml, ANA strongly positive for Ro-52, positive for SS-A and nucleosomes and Rib P- protein confirming diagnosis of SLE with steroid induced Diabetes mellitus with normal renal, liver, thyroid and cardiac parameters. Iron studies were normal.

Course in the hospital: 19 years old unmarried female Miss Najma Banu who is a known case of SLE, diagnosed 2 years back on irregular steroids, presented with aggravation of symptoms of poly arthritis, early morning stiffening, development of rashes over face, mouth ulcers since 6 months and pain abdomen since 8 days. On clinical examination she had discoid rashes over the cheeks both sides and also over the left ear and ulcers over the buccal mucosa involving mucous membrane.





Discoid rashes in soft and hard palate and face and pinna

Was diagnosed to have SLE with steroid induced Diabetes mellitus, systemic hypertension. Patient was restarted on oral steroids, insulin and other DMARDs and symptoms improved subsequently.

DISCUSSION

- Every case of SLE, should be thoroughly evaluated to look for any complications of steroids especially diabetes.
- Even when the patient is on irregular steroids which was of short duration, they may develop complications of steroid therapy like diabetes mellitus which also increases the risk of cardiovascular events.
- Hence close monitoring of blood glucose levels should be done with patients with SLE on steroids.

REFERENCES

Steroid-induced diabetes mellitus in systemic lupus erythematosus patients: analysis from a Malaysian multi-ethnic lupus cohortSazliyanaShaharir et al. Int J Rheum Dis. 2015 Jun.

Glucocorticoid-induced diabetes mellitus in patients with systemic lupus erythematosus treated with high-dose glucocorticoid therapy Yj Ha et al. Lupus. 2011 Oct.

Insulin Resistance and Diabetes Mellitus in Patients with Systemic Lupus Erythematosus Author(s): Mario García-Carrasco*, Claudia Mendoza-Pinto, Pamela Munguía-Realpozo, IvetEtchegaray-Morales, Sandra Karina Vélez-Pelcastre, Socorro Méndez-Martínez, Irma Zamora-Ginez, Luis Guillermo Vázquez de Lara, José Luis Gálvez-Romero and Marco Escamilla-Márquez Volume 23, Issue 4, 2023 02 November, 2022.Page: [503 – 514]Pages: 12

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