

Lupus Nephritis with Posterior Reversible Encephalopathy Syndrome as the First Manifestation of Systemic Lupus Erythematosus

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Background: Posterior reversible encephalopathy syndrome (PRES) is an acute neurological disorder characterized by a variety of neurologic symptoms. The common trigger of PRES is kidney disease, as lupus nephritis. We describe a case of lupus nephritis with PRES.

Case Report: A 20-year-old female was admitted to the hospital for lower extremity edema and malar rash. Her laboratory tests showed anemia, mild elevated creatinine and nephrotic syndrome. Anti-ANA and dsDNA were both positive C3 and C4 complement factors were low. Ultrasounds demonstrated normal kidneys. A renal biopsy showed stage IV lupus nephritis and treatment with Hydroxychloroquine, glucocorticoids and Mycophenolate was

started. During hospitalization she referred headache with visual disturbances and she was found to have a high blood pressure. After initial stabilization with antihypertensives, a magnetic resonance imaging (MRI) showed patchy cortical and subcortical edema in frontoparietal and occipital regions suggestive of PRES. She was treated with antihypertensives and osmotic agents (mannitol). She was monitored and was subsequently discharged showed complete renal remission and no obvious abnormality of brain MRI.

Conclusion: Although PRES is uncommon in lupus nephritis, it should be considered in the differential diagnosis of patients presenting with epilepsy, headache and hypertension for a prompt diagnosis and aggressive treatment.

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