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General Medicine

A RARE CASE REPORT: OVERLAP SYNDROME OF SYSTEMIC LUPUS ERYTHEMATOSUS AND SJOGREN SYNDROME AT TERTIARY CARE CENTER

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ABSTRACT **Introduction-** Overlap syndrome (OS) is defined as an entity that satisfies the classification criteria for at least two connective tissue diseases (CTDs) occurring at the same time or at different times in the same patient **Case-** We are presenting a case report of 35 years old female presented with complain of recurrent oral ulcers , multiple joint pain, rash over the face since 3 months diagnosed with Overlap syndrome of SLE and Sjogren Syndrome based on clinical symptoms and laboratory investigations. **Discussion-** patient presented with classical features of Systemic Lupus Erythematosus along with Sjogren syndrome symptoms for long time and repeated hospitalization in past should be evaluate with blood investigations to rule out causes of Overlap Syndrome in middle aged woman.

KEYWORDS : Overlap Syndrome, SLE , Sjogren Syndrome

INTRODUCTION

An entity that meets the categorization criteria for at least two connective tissue disorders (CTDs) occurring in the same patient, either concurrently or separately, is referred to as overlap syndrome (OS) [1]. Systemic lupus erythematosus (SLE) and Sjögren's syndrome (SS) are two important conditions which show the properties of chronicity and auto inflammation. Systemic lupus erythematosus is a complex condition which especially affects young women, is characterized with a chronic course of exacerbations and remissions and may lead to serious organ damages. The buildup of lymphocytes in exocrine glands causes Sjögren's syndrome to manifest. When the salivary and lacrimal glands are involved, the most frequent clinical signs are xerostomia and xeropthalmia. (2) Sjögren's syndrome was later diagnosed in our patient, who also had an association with SLE. This case was published to raise awareness of this problem. (3)

Table – 1 Blood Investigations

Investigation	VALUE	Reference Range
Haemoglobin (g/dL), Total count (cells/cumm), Platelet count (cells/cumm), ESR (mm at 1hr)	6.3, 2400, 0.65, -	12-15, 4000-11000, 1.5-4.5 LACS,
CRP (qualitative)	22	0.3 to 1.0 mg/dL
Urea(mg/dL), Creatinine (mg/dl)	36, 0.72	20-40 mg/dl, 0.7-1.2 mg/dl
Total bilirubin (mg/dl) , AST(IU/L), ALT (IU/L), Albumin (g/dL)	0.52, 30, 36, 3.2	0.1 -1.2 mg/dl, 8-33 U/L, 4 -36 U/L, 3.4 -5.4 g/dl
Reticulocyte count	0.5	0.5-2.5
Indirect Coomb's test	POSITIVE	-
Rheumatoid factor(IU/m L)	NEGATIVE	<20 U/mL
Urine protein, Red cell, casts	NIL, NIL, NIL	<150mg/day, <2 RBCs/hpf
ANA (ELISA), Sm/RNP, SS-A,Ro 52 antibody	POSITIVE	-

Case Study

A 35 year old female came with complain of recurrent oral ulcer, Multiple joint pain and rash over the face mainly on cheeks and nose since 3 months.On General Physical Examination multiple oral ulcers and rashes on the nose ,cheeks were present which was in color. Patient also had non scarring alopecia , multiple joint pain. Laboratory investigations revealed antibody titer of ANA 1:300, On further investigation ANA Profile revealed high titer (Positive +++) of Histones , SM , nRNP /Sm , SS-A , Ro-52 and decreased levels of complement components C3 and C4, decreased level of CRP, lymphopenia, thrombocytopenia, RA factor negative , Indirect Coomb's test positive.The patient was diagnosed with overlap syndrome: systemic lupus erythematosus and Sjogren's syndrome in .Intravenous methylprednisolone was administered, followed by oral steroids. The treatment resulted in improvement of patient's general condition and improvement of the symptoms. The treatment included pulses of methylprednisolone, followed by continued systemic intravenous steroid therapy. Oral prednisolone and Hydroxy-chloroquine were given, patient responded well and discharged.

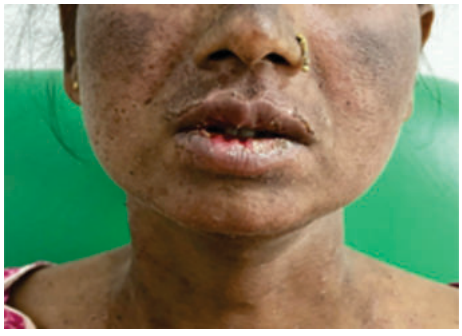
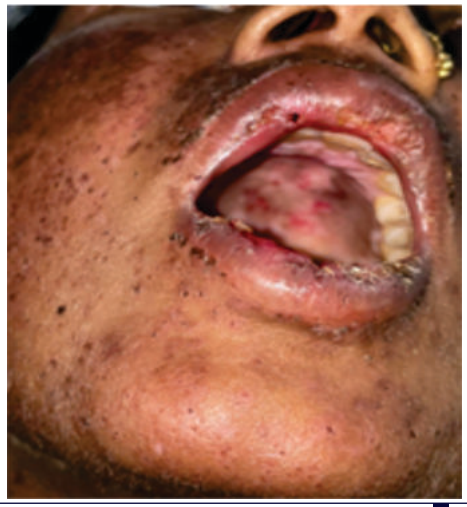


Figure 1- Malar Rash seen in Systemic Lupus Erythematosus



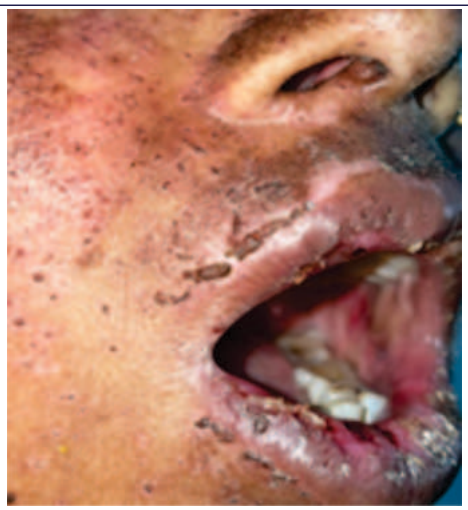


Figure 2& 3 - Multiple Oral ulcers in hard palate and oral cavity.

DISCUSSION

In this case, middle age female has classical presentation of recurrent oral ulcers, multiple joint pain, fever and rash. Rarely, overlap syndromes impact patients with systemic lupus erythematosus who also exhibit characteristics of another rheumatologic disorder, such as myositis, vasculitis, rheumatoid arthritis, or Sjögren's syndrome. (4)Treatment for overlap syndrome entails treating the underlying disorders as well as focusing on the symptoms that predominate in the clinical picture. It's critical to identify patients who have overlapping syndromes because their care needs may differ from one another. Recently, biologic drugs have been employed in refractory cases of overlap syndrome; however, the drawback of these drugs is that patients who take them have a higher risk of their disease worsening. (5-7) Conversely, we report a rare instance of co-occurring SLE and Sjögren's syndrome, which are currently well managed while maintaining overall condition by corticosteroid and immunoglobulin infusion therapy.

CONCLUSIONS

Due to the multi-systemic nature of Overlap Syndrome, treatment can be challenging and requires doctors to implement a symptomatic therapeutic approach gradually. Overall, for improved patient treatment and to identify potential complications, overlap syndrome (OS) must be thoroughly assessed at the beginning and during follow-up visits. The clinical aspects of OS are diverse and multifaceted, and the clinician's ability to predict specific issues, assess the result, and modify the prognosis is greatly aided by knowing the exact immunologic pattern. Additional multi-center analysis is required to enhance patient management and provide a clearer picture of the long-term prognosis, which is frequently uncertain.

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