

# TUBERCULOSIS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN A TERTIARY HOSPITAL IN MANAUS/AM

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## BACKGROUND

The occurrence of opportunistic infections is a challenge in the management of patients with systemic lupus erythematosus (SLE) and may occur due to disease immunological factors or immunosuppressive treatment. Tuberculosis (TB) has a prevalence of 5 to 30% in SLE patients, mainly with extrapulmonary forms. This study aims to determine the local frequency and relevant characteristics of tuberculosis cases in patients with SLE.

## METHODS

Cross-sectional study in which information was collected through a review of the medical records of patients with SLE followed up in a reference service in rheumatology, who had been diagnosed with TB in the last two years.

## RESULTS

Fifteen cases of TB were diagnosed in patients with SLE, of which 13 were in patients admitted to the hospital for investigation of disease activity. The median age of patients is 28 years old. The female:male ratio in this sample is 14:1. The average time of diagnosis of lupus is 6 years. The main involvement in these patients was renal in 8 patients, followed by hematological and serositis. As for the immunosuppression in use: 12 patients were immunosuppressed, all using corticosteroids, 1/3 of these had recently undergone pulse therapy with methylprednisolone; 1 patient was using cyclophosphamide and other was using rituximab. The diagnosis of central nervous system TB was the most frequent in 4 patients, followed by pleural, peritoneal, pulmonary and urinary TB, each with 2 patients. There was also a diagnosis of articular, pericardial and intestinal tuberculosis; 13 patients had a confirmed bacteriological diagnosis of tuberculosis, 10 through rapid molecular test. All started treatment immediately after test result. Empirical treatment for tuberculosis was started in 2 patients, one with a large pericardial effusion and pericardial thickening, another with unilateral pleural effusion, liquid with a predominance of mononuclear cells and biopsy with nonspecific chronic pleuritis. At the end of investigation, it was concluded that 9 patients also had disease activity in addition to the diagnosis of tuberculosis; however, it was not possible to institute intensive immunosuppressive treatment in these cases.

## CONCLUSION

Tuberculosis remains a public health problem in Brazil. Diagnosis should be suspected in patients investigating disease activity or in use of high-dose glucocorticoids and immunosuppressants, although differentiating between infection and disease activity is a dilemma in lupus. It is a disease that can lead to greater morbidity and mortality in patients with SLE and result in delay in treatment.

## KEYWORDS

Lupus, Tuberculosis, Immunosuppressed.