

[PICTURES IN CLINICAL MEDICINE]

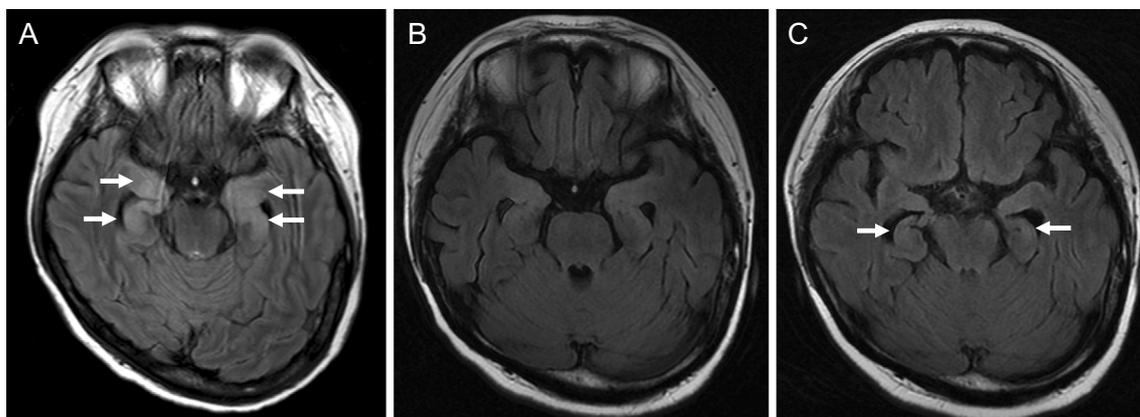
Limbic Encephalitis in Association with Systemic Lupus Erythematosus

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Picture.

A 44-year-old woman, who was diagnosed with systemic lupus erythematosus (SLE) based on the presence of malar rash, arthritis, anti-nuclear and anti-DNA antibodies, and leukocytopenia, remained in a stable condition while receiving 10 mg prednisolone (PSL). She developed a fever, complex partial seizure, and disturbance in consciousness. Anti-DNA antibody titers and serum complement levels were within the normal limits. Mild leukocytopenia (3,200/ μ L) was observed. A cerebrospinal fluid (CSF) analysis revealed mononuclear pleocytosis (28 cells/ mm^3), elevated protein levels (62 mg/dL), and normal glucose levels. T2-weighted, fluid-attenuated inversion recovery (FLAIR) magnetic resonance imaging (MRI) indicated bilateral signal hyperintensity in the hippocampus and amygdala (A, arrows). Whole-body computed tomography excluded malignancy. Acyclovir was given under the presumptive diagnosis of human herpes virus (HHV) encephalitis, but neither HHV-6 virus DNA or anti-N-methyl-D-aspartate receptor antibody was detected in the CSF. Limbic encephalitis with SLE was suspected.

High-dose steroid therapy improved her clinical symptoms immediately. FLAIR MRI demonstrated an improvement in the limbic encephalitis (B) and hippocampus atrophy (C, arrows) at one and four months after therapy initiation, respectively. Limbic encephalitis in association with SLE has rarely been reported (1, 2).

The authors state that they have no Conflict of Interest (COI).

References

1. Stubgen JP. Nervous system lupus mimics limbic encephalitis. *Lupus* 7: 557-560, 1998.
2. Kano O, Arasaki K, Ikeda K, et al. Limbic encephalitis associated with systemic lupus erythematosus. *Lupus* 18: 1316-1319, 2009.

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