Severe Pharyngeal Edema in Systemic Lupus Erythematosus

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Key words: pharyngeal edema, systemic lupus erythematosus (SLE)

(Inter Med 49: 1263-1264, 2010)  
(DOI: 10.2169/internalmedicine.49.3656)

A 24-year-old woman was referred to our department for high fever, scattered erythema on her face, and altered mentation. Laboratory findings showed pancytopenia, positive anti-nuclear antibody, positive anti-Sm antibody, and urine protein. Immunoglobulin deposit was observed in a facial skin biopsy. When all of the symptoms were considered, systemic lupus erythematosus (SLE) with central nervous system involvement was diagnosed. A few hours after admission, her blood oxygen concentration suddenly decreased. Emergent bronchoscopy revealed severe pharyngeal edema (Picture 1a) and mild edema of the epiglottis (Picture 1b). Magnetic resonance imaging (MRI) also showed airway obstruction caused by pharyngeal edema (Picture 2 arrows), which required intubation and mechanical ventilation. Combination therapies of pulse methylprednisolone and high-dose cyclophosphamide dramatically im-
proved pharyngeal edema and weaning of the ventilator was achieved a few days later. One month later, repeat MRI showed significant improvement of the pharyngeal lesion. Laryngeal involvement in SLE has been reported, and especially in association with infection (1). However, a pharyngeal lesion associated with SLE itself is rare. Teitel et al reviewed 97 cases of SLE with laryngeal involvement in which 7 cases also had pharyngeal lesions, and were successfully treated with high-dose prednisolone (2). Mucosal involvement such as a pharyngeal lesion must be considered because it can present as a life-threatening event.

References


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