

# Nephrotic syndrome associated with Libman Sacks endocarditis as a first manifestation of systemic lupus

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## 1. Introduction

Libman-Sacks endocarditis is a rare cardiac manifestation of systemic lupus erythematosus, in which there is sterile vegetation in the heart valves with a significant risk of infective endocarditis.

## 2. Case report

Patient aged 29, presents with a deep nephrotic syndrome, associated with microscopic hematuria, we find in his history a notion of inflammatory arthritis of the ankles, wrists and knees, with alteration of the general state in a long term febrile context, associated with a chronic inflammatory left subpalpebral cellulitis. . The patient was in average general condition, asthenic, with exertional dyspnoea,

oedema of the lower limbs rising to the legs and the cardiac examination found a significant murmur at the aorto-mitral focus. Biologically: a deep nephrotic syndrome was found. Inflammatory syndrome with PRC at 80mg and SR at+++ . Inflammatory anaemia and lymphopenia. An echocardiography done , finds a mitro-aortic valve thickening, with the presence of fine vegetations on the aortic side of the posterior sigmoid, in addition to an important mitral and aortic leak. leak.The immunological work-up was strongly positive for antiphospholipid syndrome with IgG anti-cardiolipin antibodies (+), IgG anti-B2GP1 antibodies (+),anti-nuclear factor antibodies (+) with a speckled appearance; a renal biopsy was

performed and was consistent with lupus glomerulonephritis.High-dose corticosteroids combined with double antibiotic therapy significantly improved the patient's clinical and biological parameters.

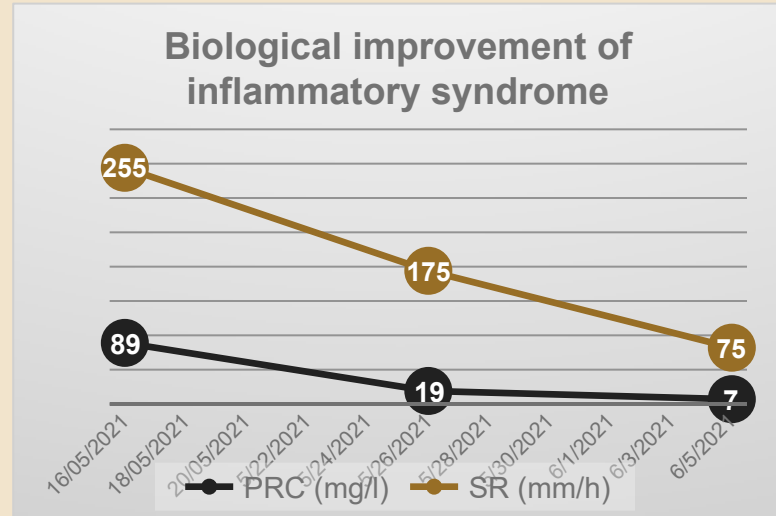
## 3. Conclusion

Our observation is quite exceptional because cardiac involvement usually occurs years after the onset of SLE, but in this observation the onset is quite nasty, first in a male subject, associating renal involvement, endocarditis and SAPL. Treatment was based on a combination of antibiotics, corticoids and synthetic antimalarials.

**Key words: Libman-Sacks endocarditis; infective endocarditis; renal involvement; systemic lupus erythematosus.**

# The main clinical and biological improvement after «21 DAYS » of Corticoids

- Clinical improvement of inflammatory cellulitis



## References

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