DAUNTING DOPPELGANGER: A CASE OF LUPUS MASQUERADING AS HIV

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INTRODUCTION

Few diseases mimic each other regarding clinical features and multi-system involvement like SLE and HIV.

Accurate and timely diagnosis is important, as treatment approaches vary greatly.

Fourth-generation HIV tests are preferred due to their reliability and diagnostic accuracy and have a false positive rate of less than 0.4% according to the CDC.

CASE PRESENTATION

A 64-year-old woman with RA, lost to follow-up, presented with 3 weeks of progressive generalized weakness, confusion, and decreased appetite. There were reports of difficulty ambulating with multiple falls, and she now required assistance with activities of daily living. There was unintentional weight loss of 20 pounds over a year, intermittent polyarticular arthralgia, and the development of a rash on her trunk.

DAY 1

- Cachexia, oral candidiasis, erythematous macules on trunk and shoulders, disorientation
- Temperature 100.6, pulse 155, BP 83/51

- Hb 10.3 g/dl, WBC 2.7, CRP 30 mg/L, ESR 83 mm/hr
- HIV ab/ag - positive, CT head negative

She was transferred to the ICU for management of septic shock due to presumed HIV-related CNS infection. Her spouse declined lumbar puncture.

CASE PRESENTATION CONT'D

DAY 2 – 5

Continued antimicrobials for bacterial/fungal meningitis and vasopressors.

- Remained confused, persistently febrile

- HIV viral load – undetectable, ANA titer 1:320
- Anti dsDNA – positive (1:40), c3 & c4 undetectable
- Skin biopsy – Perivascular inflammation

A diagnosis of neuropsychiatric lupus was made. Corticosteroids were initiated with the return of normal mental status and improved hemodynamics.

FIGURE 1

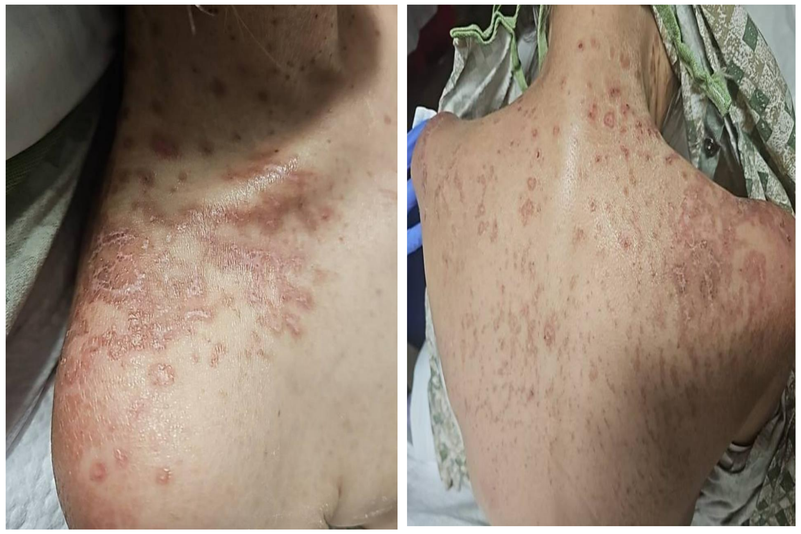

FIG 1. Shows distribution of discoid rash along the back, neck, and shoulder region

DISCUSSION

- HIV and SLE are systemic diseases with vague clinical presentations and high potential for significant morbidity and mortality if timely treatment is not initiated.
- Fourth-generation HIV tests have a specificity close to 100%, however, false-positive results though rare, can be due to autoimmune diseases.
- Confirmatory testing for HIV is paramount, especially in patients with suspected autoimmune disease.
- Premature diagnosis of HIV without confirmatory tests can have serious psychosocial implications and affect clinical decision-making.

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