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A 50-Year-Old Female with Recurrent Stroke-Like Episodes and A Diagnosis of Systemic Lupus Erythematosus

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ABSTRACT

Systemic lupus erythematosus (SLE) is a multisystem autoimmune disorder that can present with neurological manifestations, including stroke. Antiphospholipid syndrome (APS), a common complication of SLE, increases the risk of recurrent thrombotic events. We report a 50-year-old female with hypertension and diabetes who initially presented with acute left-sided hemiparesis and was diagnosed with an ischemic stroke in the right middle cerebral artery (MCA) territory. She was treated with dual antiplatelet therapy and statins, leading to partial recovery. Two weeks later, she developed worsening left-sided weakness progressing to hemiplegia, with MRI showing new infarcts. A hypercoagulability workup revealed positive lupus anticoagulant, anticardiolipin antibodies, and anti-β2 glycoprotein I antibodies, confirming APS. Further testing for autoimmune disorders showed positive ANA and anti-dsDNA, leading to a diagnosis of SLE. The patient was started on anticoagulation, hydroxychloroquine, and corticosteroids, resulting in clinical improvement. This case highlights the importance of considering SLE and APS in patients with recurrent strokes, as early diagnosis and appropriate treatment can significantly reduce morbidity and prevent further thrombotic events.

Keywords: *Stroke, Systemic Lupus Erythematosus, Antiphospholipid Syndrome, Recurrent Ischemic Stroke*

1. INTRODUCTION

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease with widespread organ involvement, including the nervous system. Neuropsychiatric lupus (NPSLE) includes manifestations such as stroke, seizures, and cognitive dysfunction. The underlying mechanisms include antiphospholipid syndrome (APS), small vessel vasculitis, and hypercoagulability【1】. Here, we present a case of a middle-aged woman with recurrent stroke-like episodes who was later diagnosed with SLE.

2. CASE REPORT

A 50-year-old female, a known case of hypertension and diabetes mellitus on regular medication, initially presented with sudden-onset left-sided weakness. On neurological examination, she had left-sided hemiparesis with an NIH Stroke Scale (NIHSS) score of 5. Brain MRI showed an acute infarct in the right middle cerebral artery (MCA) territory. Routine investigations, including lipid profile, HbA1c, and renal function tests, were unremarkable. She was treated with dual antiplatelet therapy, high-dose statins, and supportive care, leading to partial recovery.

Two weeks later, she returned with worsening left-sided weakness, now progressing to complete hemiplegia. Repeat MRI showed new ischemic changes involving the right MCA and anterior cerebral artery (ACA) territories. A hypercoagulable workup was initiated, revealing positive lupus anticoagulant, anticardiolipin antibodies, and anti-β2 glycoprotein I antibodies, raising suspicion for APS【2】. Further autoimmune testing demonstrated positive antinuclear antibodies (ANA) and anti-dsDNA, confirming a diagnosis of SLE with secondary APS【3】.

She was started on anticoagulation with warfarin, hydroxychloroquine, and low-dose corticosteroids. Over time, her neurological deficits improved with rehabilitation, and she remained stable on follow-up.

3. DISCUSSION

Neurological manifestations in SLE, particularly stroke, often result from APS, a condition characterized by thrombophilia due to antiphospholipid antibodies【4】. The presence of recurrent ischemic strokes, particularly in young or middle-aged patients without significant atherosclerotic risk factors, should prompt an autoimmune evaluation. Studies have shown that up to 20% of SLE patients develop APS, which significantly increases their risk of thrombotic events【5】. Early recognition and treatment with anticoagulation and immunosuppression can significantly improve outcomes【6】.

4. CONCLUSION

This case highlights the importance of considering SLE and APS in patients with unexplained recurrent strokes. A thorough autoimmune workup should be performed in patients with stroke in the absence of traditional risk factors, as early diagnosis and treatment can prevent further thrombotic events.

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