93. COMPLEX COMPLICATIONS IN MALE WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) AND ANTIPHOSPHOLIPID SYNDROME (APS)

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Introduction. SLE is an autoimmune disease where balancing control of systemic inflammation with immunosuppressors and prevention of its long-term severe complication is a real challenge for clinicians. We present a case of a 36-years old male with a 20-years history of SLE associated with APS, whose disease course was complicated by rare joint arthropathy, therapy-related damage and recurrent severe infection.

Case presentation. The patient was initially diagnosed with idiopathic juvenile arthritis at the age of 15 and improved with steroids. Skin eruptions and constitutional severe manifestations developed later and were misdiagnosed as allergic dermatitis. Rheumatologist consultation confirmed clinically and immunologically the diagnosis of SLE associated with APS and steroid pulse therapy was indicated with tapering. Maintenance therapy was 4-8mg methylprednisolone, hydroxychloroquine and anticoagulants that stabilized his condition. Insidiously Jaccoud arthropathy developed, In 2017 mycophenolate mofetil (MMF) was introduced but was periodically stopped due to recurrent infections. APS, prolonged steroids and anticoagulants use contributed to bilateral avascular necrosis (AVN) of the femoral head and retroperitoneal hematoma. In 2023 MMF was stopped after recurrent infections: septic arthritis, repeated phlegmons and abscess, requiring surgical drainage and antibiotics. Knee subluxation in 2025 showed the weakness of ligaments.

Discussions. SLE predominantly affects women, and rare cases of severe clinical course in men associated with APS makes diagnosis and management challenging. Jaccoud arthropathy can mimic rheumatoid arthritis. Chronic SLE requires long-term management with corticosteroids, immunosuppressants and anticoagulant drugs, which give rise to AVN, osteoporosis, retroperitoneal hematoma, and infections progressing to sepsis. The recurrent episodes of infections oblige the withdrawal of MMF that give rise to a severe disease activity. Despite this long journey of complications, visceral complications such cardiopulmonary or renal were not observed.

Conclusions. This case shows complexity of managing SLE with secondary APS in man, in association with several complications (Jaccoud arthropathy/ AVN and repeated infections) although visceral damage was absent. It illustrates the delicate balance between disease activity, chronic immunosuppressive therapy, and risk of complications.

Keywords. systemic lupus erythematosus, antiphospholipid syndrome, jaccoud arthropathy ,avascular necrosis, recurrent infections, Immunosuppressive therapy.

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