

Abstract Submission No.: A-1000**Difficulties In Managing Diffuse Alveolar Haemorrhage In Systemic Lupus Erythematosus**

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Case Study : Disseminated tuberculosis (TB) is common among immunocompromised patients, but it rarely presents with acute diffuse alveolar haemorrhage (DAH). We report a case of a 36-year-old male with a background history of systemic lupus erythematosus (SLE) involving neuropsychiatric, renal, haematological, and musculoskeletal involvement who presented with an acute flare of lupus nephritis and developed DAH while on induction treatment. He developed a massive amount of haemoptysis during induction with high-dose steroids, raising the concern of SLE pulmonary involvement with DAH. Multiple treatments involving intravenous immunoglobulin and plasmapheresis failed to treat the intractable pulmonary haemorrhage. Against the background of previously negative acid-fast bacilli (AFB) tests, the polymerase chain reaction (PCR) test for *Mycobacterium tuberculosis* eventually turned positive, and anti-TB treatment was duly begun. The treatment was complicated, with feeding intolerance requiring intravenous anti-tuberculosis treatment. The SLE flare-up was treated only with steroids, given the serious infection. His progress was complicated by an acute kidney injury requiring dialysis and prolonged intubation. The patient eventually responded, became independent of oxygen, and the lupus flare showed improvement in clinical and biochemical markers. This case reflects the difficulties in managing DAH presentation in patients with SLE. DAH incidents are as low as 5% of all hospital admissions and occur only in 9% of SLE patients. Treatment for DAH in SLE involved plasmapheresis and immunosuppression. This patient's poor response to intensified treatment raised the diagnosis of atypical infections. The negative AFB test and the atypical DAH presentation cause TB to not be considered as an initial diagnosis. AFB test sensitivity is only 45-70%, and culture and PCR are required to fully exclude the disease. This report showed that the rare presentation of DAH in TB should be considered in immunocompromised patients with lupus, especially when DAH can be confused with the pulmonary manifestation of the disease.