Disseminated candidiasis in systemic lupus erythematosus

Sir,

A 47-year-old female patient was admitted to the hospital because of anorexia, nausea and fatigue. She had been diagnosed as having systemic lupus erythematosus (SLE) 10 years ago when she was pregnant. She was prescribed prednisolone 5–10mg, hydroxychloroquine 200mg for 2 years recently. To improve the prognosis of SLE patients, immunosuppressive treatment is useful for early suspicion of CDC. But none of these approaches has yet achieved cure. The reason for hepatic failure on the 20th hospital day. Typical yeast and pseudohyphae were noted in the biopsy specimen (Fig. 1), and the diagnosis of hepatosplenic (chronic disseminated) candidiasis was confirmed.

Targeted treatment of chronic disseminated candidiasis was settled with amphotericin B, the total dose of the drug was 593mg, which was switched into liposomal amphotericin B due to renal insufficiency. Clinical features including fever and laboratory findings gradually improved. About 1 month after initiating amphotericin B, therapy has been maintained with oral fluconazole for 6 months.

Infection remains a major cause of morbidity and mortality in SLE (1, 2). Among those, opportunistic infections have been reported in 20% to 30% of patients’ mortality (1, 3) and they are often problematic because they can mimic or be superimposed on active lupus (4).

Chronic disseminated candidiasis (CDC) is seen typically in patients with leukemia who have received cytotoxic chemotherapy (5), but rarely reported in SLE. A combination of studies is often required and repeated examinations are warranted if the studies are negative initially, but the suspicion of CDC remains high. Modern radiologic tools are important in the early identification and management of the syndrome (6), but lesions cannot be detected by US, CT or MRI exam when the patient is neutropenic. Less than 20%–30% of patients with CDC are proven blood culture positive (5). Recent studies suggest that the detection of serum C-reactive protein, serum D-aro-binitol (7), and serum beta-D-glucan (8) is useful for early suspicion of CDC. But none of these approaches has yet achieved widespread clinical acceptance and use. Amphotericin B deoxycholate has been the cornerstone of treatment of patients with CDC (9). Fluconazole (10) is an alternative choice for those patients who are stable and need prolonged therapy.

In summary, chronic disseminated candidiasis in SLE is a rare condition which has a very bad prognosis. A high index of suspicion for opportunistic infections like CDC, early and judicious diagnosis including tissue biopsy, and appropriate treatment would improve the prognosis of SLE patients.

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References