Muhammad Riza Kurniawan et.al., J Nephrol Ther 2018, Volume 8
DOI: 10.4172/2161-0959-C3-057

Cardiac tamponade in a child with lupus nephritis

Muhammad Riza Kurniawan, Risky Vitria Prasetyo, Ninik Asmaningsih Soemyarso and Mohammad Sjaifullah Noer
Airlangga University, Indonesia

Introduction: Lupus nephritis is a major cause of morbidity and mortality in patients with systemic lupus erythematosus (SLE). The chronic autoimmune disease characterized by multisystem inflammation which often involves the heart, manifest as pericardial effusion. Large pericardial effusions can cause cardiac tamponade.

Case Report: 15 years old boy, came to emergency department with the main complaints of dyspnea, for 7 days, before worsening gradually until one day before admission. From initial physical examination revealed a nervous boy with good nutritional status. The blood pressure was 110/60 mmHg with adequate pulse of 140 beats/minute; respiratory rate of 46 times/minute and temperature 36.9 °C. Urine production was equal with 1.3 cc/kg/hour. Head and neck examination anemic and dyspnea were found. He had oral ulcer and frequently appear. Chest examination was symmetrical with retractions, heart sounds were muffled, and the apex beat was diffuse and displaced inferiorly. Jugular venous distension was evident. In respiratory examination we found decreased breath sounds at the left lung base. The abdomen was slightly distended, and we found hepatomegaly. From initial laboratory examinations, the hemoglobin level was 10.0 g/dl, the white blood cells were 29.870 per mm3, the renal function test revealed BUN-22 mg/dl, SC-1.0 mg/dl and GFR-85.25 ml/minute/1.73 m2. The liver function test resulted SGOT-3253 U/L, SGPT-2330 U/L and albumin-2.4 g/dl, CRP was 59.38 mg/dl, C3 was 45.2 mg/dl. The others result was within normal limit. From urinalysis revealed, erythrocyte=5-10 cell/hpf, leukocyte=5-10 cell/hpf, epithelial cells: 1-2 squamous epithelial cells/hpf and proteinuria 3+ (equal 300 mg/dL). The chest X-ray and Echocardiography revealed massive pericardial effusion. The initial treatment included echocardiography guided pericardiocentesis and 400 ml of hemorrhagic pericardial fluid was drained, tapping pericardiocentesis continue until 3rd hospitalization. On the 15th day of hospitalization, the patient was discharged with a good condition.

Biography

Muhammad Riza Kurniawan is a Medical Staff in Division of Nephrology, Department of Child Health, Airlangga University, Dr. Soetomo Hospital Surabaya Indonesia since 2013. He has received his Pediatric Nephrology Training Program in Japan.

rizakuniawan28@gmail.com

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