SYSTEMIC LUPUS ERYTHEMATOSUS EXACERBATED BY ORAL CONTRACEPTIVES

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The widespread use of the oral contraceptive agents has been followed by reports of direct side-effects and other disease processes purporting to be associated with their administration. The statistical validity of many of these remains under review. The following case report illustrates yet another association, not yet recorded to my knowledge.

CASE REPORT

S.J., a 23-year-old teacher, was admitted to Groote Schuur Hospital with a history of malaise, 10 lb. weight loss, diffuse adenopathy, pyrexia, muscle pains, and Raynaud's phenomenon of one year's duration. The condition had been completely static for 6 months and she was referred for investigation before her marriage.

Examination showed a fit-looking female, with some facial oedema, soft tissue swelling around the proximal I-P joints and a diffuse, somewhat tender adenopathy.

Erythrocyte sedimentation rate (ESR) was 26 mm./hr. (Westergren), haemoglobin 12·6 G/100 ml., white blood cell count (WBC) 7,000/cu.mm. with a normal differential pattern, and the platelet count was 212,000/cu.mm. Analysis of the urine was normal.

Relevant investigations included positive lupus erythematosus (LE) cell preparations on four successive occasions, negative Wassermann and Paul-Bunnell agglutination tests, normal bone marrow, renal biopsy, intravenous pyelogram and creatinine clearance. Plasma electrophoresis showed slight elevation of the gammaglobulin fraction.

The patient remained in excellent health and it was decided to observe her closely and avoid specific therapy apart from analgesics. She was advised against immediate conception in view of the adverse effect this occasionally has on the course of systemic lupus erythematosus (SLE),[1-3] and was discharged to attend a birth control clinic.

Two weeks later a compound containing 3 mg. of nor-ethisterone acetate and 0·50 mg. of ethinyl oestradiol was commenced at a dose of one tablet a day. A week following this she noticed a severe exacerbation of her joint pains and general muscle aches, felt increasingly weak and developed a painful mouth. She was readmitted two weeks after the exacerbation commenced, acutely ill with high fever, severe oral moniliasis and increased interphalangeal joint stiffness and swelling. A typical facial erythema of butterfly distribution was noted as well as purpuric spots in the pulp spaces and around the nail bases of all fingers; haemoglobin, WBC and differential count were all normal, but ESR was elevated to 65 mm./hr. (Westergen). Analysis of the urine was normal.

Oral contraception was immediately stopped and prednisone, 60 mg./day, commenced. The oral lesion was treated with Nystatin suspension.

There was a dramatic response to therapy. Body pains, fever and arthralgia diminished and the moniliasis disappeared. Prednisone dosage was rapidly reduced and then stopped, and after two months she appeared in perfect general health apart from mild pains in the I-P joints, her condition being similar to that when she was first seen. ESR was 15 mm./hr.

In view of the possible consequence, further treatment with oral contraceptives was considered inadvisable.

Comment

The effect of pregnancy on the course of SLE is controversial. Though an adverse effect is denied by some,[4,5] other reviews suggest that a varying percentage of pregnant sufferers do deteriorate[1-3] but that in the individual case, this is unpredictable. As the patient was young and the disease static, conception was considered to be ill-advised at the time.

The association of a clear exacerbation is of interest, therefore, as contraceptive tablets induce a 'pseudo-pregnancy', at least in relation to some hormonal changes, so that an adverse effect on SLE in certain instances is not entirely unexpected.

To my knowledge, no similar example has been reported. The case is presented in the belief that this might be a definite, although unusual hazard of the oral contraceptive which in certain circumstances may be precipitating precisely what it has been given to avoid. Clearly, a

single association may be fortuitous and confirmation must await further reports.

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