

## Recurrent pleural effusion in a patient with systemic lupus erythematosus

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### Abstrak

#### <b>ABSTRAK</b><br>

Background: Systemic lupus erythematosus (SLE) is an autoimmune disease that more commonly affects women of childbearing age. It is a multi-organ disease and can involve virtually any organ in the body. Pleural effusion can occurred in 30% of patients with SLE, which may be a result of SLE itself, pulmonary emboli, or end-organ damage such as heart or renal failure. The management of pleural effusions in SLE patient can be challenging because the numerous of potential underlying cause and sometimes effusion recur despite appropriate treatment of primary process. Case Report: We reported 33 years old woman patient admitted to our ED with chief complaint of shortness of breath for last 1 week. Chest X-ray result showed bilateral pleural effusion. Serial pleural fluid analysis consistent with conclusion of transudate fluid. Echocardiography showed dilatation of left atrium and ventricle and reduced LVEF 34%. These data suggest congestive heart failure as the cause of pleura effusion. A few days after initial thoracentesis, the patient become dyspnea again because of reccurent pleural effusion. To relieve the symptom, we did insertion of pigtail catheter connected with mini WSD (Water seal drainage). Conclusion: Pleural effusion is a relatively common clinical presentation of a patient with SLE. Pleural effusions may be a result of SLE itself, pulmonary emboli, or end-organ damage such as heart or renal failure. The management of pleural effusions are mainly to relieve the symptoms and treatment of underlying cause.