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A challenging path before the Rhupus diagnosis: A case report at the Dermatology Hospital of Bamako

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Abstract
Rhupus syndrome, a rare overlap of rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE), presents significant diagnostic challenges due to its polymorphic clinical features. In this case report, we describe a 50-year-old Malian woman who experienced intermittent hand pain and facial lesions over five years. Initially, she self-treated her symptoms as dermatophytosis, but after five years, more severe symptoms, including deformities in the fingers, photosensitivity, and polyarthralgia, prompted further investigation. Laboratory tests revealed positive autoantibodies, including anti-nuclear and anti-cyclic citrullinated peptide (CCP) antibodies, confirming a diagnosis of Rhupus syndrome. Dermatological treatment with corticosteroids and topical dermocorticoids led to significant improvement in both cutaneous and rheumatological symptoms within three weeks. Rhupus syndrome is a challenging condition due to its complex overlap of RA and SLE, often resulting in delayed diagnosis. This case highlights the importance of early recognition of autoimmunity in patients presenting with atypical dermatological and rheumatological manifestations, facilitating timely intervention and better patient outcomes.

Keywords: Rhupus syndrome, rheumatoid arthritis, systemic lupus erythematosus, autoimmunity

Introduction
"Rhupus" or "Rhupus syndrome" is a poorly described and underdiagnosed disease in which characteristics of rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) appear in the same patient, most often sequentially. The involvement related to SLE is generally benign, dominated by hematological abnormalities and cutaneous, serous, and renal involvement. The natural history of Rhupus arthritis follows a pattern similar to that of RA and can progress to typical inflammatory erosions, deformities, and disability. The lack of consensus on the definition of Rhupus and its place in the spectrum of autoimmunity leads some authors to speak of the true overlap between RA and SLE [1–3]. It is in this context that we report a case of Rhupus.

Case Report
This case involved a 50-year-old Malian housewife who presented with hand pain that had been intermittent for 5 years, with the latest recurrence occurring one month prior. This pain was associated with a facial scar lesion, erythema, and alopecia for the past 3 years. Additionally, she reported photosensitivity and polyarthralgia, for which she had been taking over-the-counter acetaminophen with temporary relief and using topical antifungal treatments for her facial lesions. The patient had been hypertensive and under treatment for 5 months.
Upon examination, hyperpigmented macules of varying sizes and shapes were noted, associated with atrophic scars on the face, forehead, and backs of the hands. The Allen's test was negative. Furthermore, the right thumb, middle finger, and ring finger exhibited deformities, with an inability to flatten the fingers on a table (Figures 1 and 2). The rest of the examination was unremarkable.

Laboratory tests revealed positive antinuclear factors, anti-native DNA antibodies, anti-Sm antibodies, anti-CCP antibodies, and rheumatoid factors. Based on these biological findings combined with clinical features, we diagnosed the patient with Rhupus syndrome, which involves both lupus and rheumatoid arthritis. A rheumatology consultation was requested for the patient. Dermatologically, treatment with corticosteroids and their adjuncts, along with topical dermocorticoids, was initiated. After 3 weeks, there was notable improvement in both the dermatological and rheumatological symptoms.

Argument

Rhupus syndrome is a very rare combination of systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA). It is characterized by the presence of erosive arthritis accompanied by symptoms and signs of SLE [3-5]. Rheumatoid nodules and neurological and renal involvement are other complications of Rhupus syndrome, leading to a worse prognosis.

In our patient, the rheumatological involvement was the primary aspect of her Rhupus syndrome. It was only after 5 years that cutaneous manifestations appeared, initially mistaken for and self-treated as dermatophytosis. The presence of hyperpigmented macules and, more notably, atrophic scars in photo-exposed areas, along with a history of photosensitivity in a female patient, prompted a deeper investigation into autoimmunity. This scientific curiosity led to the discovery of positive autoantibodies indicative of both lupus and rheumatoid arthritis, despite the incomplete clinical picture.

Conclusion

Rhupus syndrome represents an overlap of two connective tissue diseases, systemic lupus erythematosus (SLE) and erosive polyarthritis. Its delayed diagnosis is often attributed to the polymorphism, particularly in clinical presentation, that characterizes this syndrome.

Fig 1: Hyperpigmented macular lesions with atrophic scars on the face

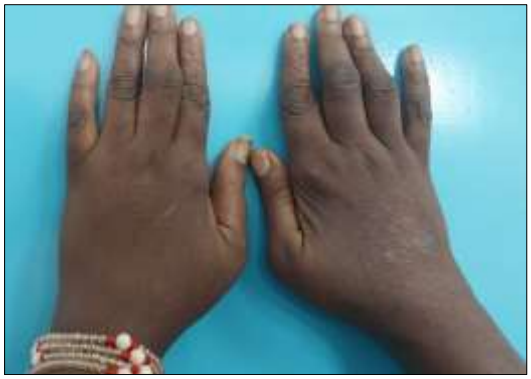

Fig 2: Finger deformities due to erosive arthritis

Conflict of interest: None

References

1. Hachicha I, Fourati H, Akrout R, Baklouti S. Syndrome de Rhupus: à propos de deux observations. Pan Afr Med J [Internet]. 2012 Jun 26 [cited 2024 May 26];12:50. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3428170/
2. Antonini L, Le Mauff B, Marcelli C, Aouba A, de Boysson H. Rhupus: a systematic literature review. Autoimmun Rev. 2020 Sep;19(9):102612.
3. Drie T, Khalayli N, Haidar G, Haj Ali D. Rhupus syndrome: a case report of a rare combination. Ann Med Surg [Internet]. 2024 Jan [cited 2024 May 26];86(1):535. Available from: https://journals.lww.com/annals-of-medicine-and-surgery/fulltext/2024/01000/rhupus_syndrome__a_case_report_of_a_rare.83.aspx
4. Puri P, Sardana P, Goyal N, Arora RS, Chitkara A. Black tongue: A rare presentation of Rhupus syndrome. Cureus. 2023 Jun;15(6):e40240.
5. Kama Y, Tada A, Sakama T, Ochiai S, Takakura H, Hirai K, *et al*. Anti-cyclic citrullinated peptide antibody-positive girl with chronic polyarthritis later diagnosed with juvenile systemic lupus erythematosus: A case report. Tokai J Exp Clin Med. 2022 Apr 20;47(1):36-40.

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