

# Bilateral Parotitis in a Young Male Patient: An Unusual Initial Manifestation of Systemic Lupus Erythematosus

Dr. Akif Ahamad Baig<sup>1</sup>, Dr. M. A. Sameena Farheen<sup>2</sup>

M.B.B.S, DNB (General Medicine), DM-Cardiology

Email: [akifab93\[at\]gmail.com](mailto:akifab93[at]gmail.com)

Address: Guntur Medical College, Guntur

Current affiliation: M.B.B.S, MD (General Medicine)

Email: [sameena21.sf\[at\]gmail.com](mailto:sameena21.sf[at]gmail.com)

**Abstract:** *This study presents a unique case of Systemic Lupus Erythematosus SLE manifesting primarily as bilateral parotid swelling in a 22-year-old male with no medical comorbidities. SLE, a multi-systemic autoimmune disease, typically presents with musculoskeletal and cutaneous symptoms, but can occasionally show atypical features such as parotitis. The patient, initially investigated for bilateral parotitis and severe anemia, was found to have positive anti-Smith and anti-ribosomal antibodies, ruling out other causes such as Sjogrens syndrome, lymphoma, sarcoidosis, and HIV. Despite autoimmune diseases being more prevalent in females, this case highlights the necessity of considering SLE in differential diagnoses for male patients presenting with unusual symptoms like parotitis, especially when accompanied by systemic features like anemia and lymphadenopathy. The patient responded well to intravenous steroids and maintenance immunosuppressants, showcasing the importance of timely diagnosis and treatment in atypical presentations of SLE.*

**Keywords:** Systemic Lupus Erythematosus, Bilateral Parotitis, Autoimmune Disease, Atypical Presentation, Anti-Smith Antibody

## 1. Introduction

Systemic Lupus Erythematosus (SLE) is an autoimmune illness characterised by autoantibodies directed against self-antigens, immune complex development, and immunological dysregulations.(1)SLE generally appears as musculoskeletal and cutaneous manifestations, such as arthritis, myalgia, and malar rash, and typically presents as a multi-systemic disease. The symptoms of SLE, however, can be unusual and include parotitis, pericarditis, hepatomegaly, or peripheral lymphadenopathy.(2)(3)(4) We discuss a atypical presentation of SLE in an young male patient who presented with bilateral parotid swelling.

## 2. Case Presentation

22 year old male patient with no medical comorbidities, came with complaints of bilateral parotid swelling since 10 days (Figure 1). On examination, he was found to have palor

and bilateral, non tender swellings of parotid glands. Ultrasound of parotid gland was done which was suggestive of acute bilateral parotitis. His other routine examination showed severe anemia with Hemoglobin of 6gm/dl. He was worked up for anemia. His direct coombs test was found to be positive. He was further worked up with Autoimmune profile i.e Anti-nuclear Antibody by immunoblot which showed positive Anti-smith antibody and Anti ribosomal antibody (Figure 2). Histopathology was done which only showed features of inflammation with no evidence of lymphoma. Chest X-ray was also done to rule out sarcoidosis or tuberculosis. Patient viral markers were checked for Human immunodeficiency virus (HIV) and was found to be negative.

He was started on intravenous steroids and his symptoms improved and was discharged on maintenance oral steroids and immunosuppressants. He has been on follow-up since then and is doing well with normal hemoglobin.



Figure 1: 22 year old male with features of bilateral parotid gland swelling

DEPARTMENT OF SEROLOGY				
Test Name	Result	Unit	Bio. Ref. Range	Method
PDF Attached				
ANA BY IMMUNOBLOT, SERUM				
dsDNA	NEGATIVE		NEGATIVE	IMMUNOBLOT
Nucleosomes	NEGATIVE		NEGATIVE	IMMUNOBLOT
Histones	NEGATIVE		NEGATIVE	IMMUNOBLOT
SmD1	POSITIVE (++)		NEGATIVE	IMMUNOBLOT
PCNA	NEGATIVE		NEGATIVE	IMMUNOBLOT
Rib-P0	POSITIVE (++)		NEGATIVE	IMMUNOBLOT
SS-A/Ro60	NEGATIVE		NEGATIVE	IMMUNOBLOT
SS-A/Ro52	NEGATIVE		NEGATIVE	IMMUNOBLOT
SS-B/La	NEGATIVE		NEGATIVE	IMMUNOBLOT
CENP-B	NEGATIVE		NEGATIVE	IMMUNOBLOT
Sc1-70	NEGATIVE		NEGATIVE	IMMUNOBLOT
U1-snRNP	NEGATIVE		NEGATIVE	IMMUNOBLOT
AMA-M2	NEGATIVE		NEGATIVE	IMMUNOBLOT
JO-1	NEGATIVE		NEGATIVE	IMMUNOBLOT
PM-Scl	NEGATIVE		NEGATIVE	IMMUNOBLOT
Mi-2	NEGATIVE		NEGATIVE	IMMUNOBLOT
Ku	NEGATIVE		NEGATIVE	IMMUNOBLOT

\*\*\* End Of Report \*\*\*

Figure 2: ANA by immunoblot showing positive Anti-Smith (SmD1) and Anti-Ribosomal (Rib-PO) antibody with others being negative

### 3. Discussion

Autoantibodies and immune complexes are present in SLE, a multiorgan systemic autoimmune disease.(1) Arthritis, a malar rash, and photosensitivity are common musculoskeletal and cutaneous presentations of SLE. SLE can also manifest atypically as hepatosplenomegaly, parotitis, pericarditis, or peripheral lymphadenopathy. In up to one-third of patients, SLE presents atypically(2)(3). 2.5% of SLE cases that present atypically experience parotitis per se.(2)(3)(4) Elevated ESR, abnormal blood counts, positive

ANA titre and positive anti-smith assay are frequently observed alongside unusual SLE manifestations, as was the case in our patient.(2-4)

Here in our study, patient initial manifestation was bilateral parotid swelling. Later when patient was investigated with routine blood examination, was found to have anemia and positive anti-smith antibody. Usually in case of SLE, parotitis is present in due to associated sjogren’s syndrome. But in our study, antibodies for sjogren syndrome was found to be negative. Also other causes of parotitis was ruled out

by histopathology, chest radiograph and HIV test. So parotitis was labeled solely as a manifestation of SLE, which is very unusual. Also autoimmune disease are generally more common in females, but in our case it was a male patient and that too with such an atypical presentation makes this case report even more unique.

#### 4. Conclusion

SLE can present with bilateral parotitis as an initial presentation. A lot of suspicion is required and SLE should be considered as a diagnosis if parotitis is present with other systemic features like anemia, lymphadenopathy or musculoskeletal disorders

#### References

- [1] Egner W. The use of laboratory tests in the diagnosis of SLE. *J Clin Pathol* 2000; 53:424-32.
- [2] Iqbal S, Sher MR, Good RA, Cawkwell GD. Diversity in presenting manifestations of systemic lupus erythematosus in children. *J Pediatr* 1999; 135:500-5.
- [3] Cervera R, Khamashta MA, Font J, et al. Systemic lupus erythematosus: clinical and immunologic patterns of disease expression in a cohort of 1,000 patients. The European Working Party on Systemic Lupus Erythematosus. *Medicine (Baltimore)* 1993; 72:113-24.
- [4] Bader-Meunier B, Armengaud JB, Haddad E. Initial presentation of childhood-onset systemic lupus erythematosus: a French multicenter study. *J Pediatr* 2005; 146:648-53.