

## Lupus-Associated Diffuse Alveolar Hemorrhage

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### Description

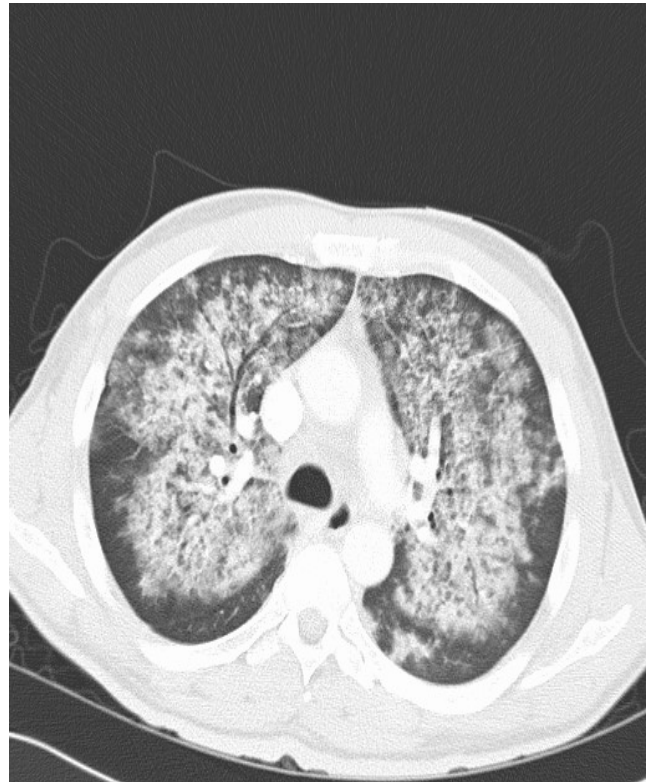
A 50 year-old man recently hospitalized for evaluation of chest pain and diagnosed with hypertension and renal insufficiency, returned to evaluate ongoing pain and new dyspnea. During evaluation he developed hemoptysis and chest radiography showed bilateral central airspace disease suspicious for pulmonary hemorrhage [Figure 1] also seen on computed tomography [Figure 2]. He was treated with pulse-dose intravenous methylprednisolone and empiric antibiotics. Bronchoscopy after endotracheal intubation for worsened hypoxemic respiratory failure, confirmed diffuse alveolar hemorrhage. Elevated ANA in a speckled pattern with elevated anti-Smith, RNP, and chromatin antibodies as well as low C3 and C4 levels were noted. Renal biopsy revealed membranous lupus nephritis (Class V) and mild chronic interstitial nephritis. He received plasmapheresis (four sessions). Methylprednisolone was converted to oral prednisone and cyclophosphamide was started. Respiratory and renal failure improved rapidly and he was extubated on day five.

## Figures

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**Figure 1:** Anterior-Posterior chest radiograph showing bilateral central interstitial and airspace disease.

**Figure 2:** Computed tomography of the chest with intravenous contrast showing extensive bilateral airspace disease, predominantly central location with sparing of the periphery.

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