Scholars Journal of Applied Medical Sciences
Abbreviated Key Title: Sch J App Med Sci
ISSN 2347-954X (Print) | ISSN 2320-6691 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

Rheumatology

Late-Onset Systemic Lupus Erythematosus in Elderly Patient: A Case Study at Cocody University Hospital (Côte d'Ivoire)

Coulibaly Yaya[1*], Touré Angèle[1], Méité Novanly[1], Hodonou Fourrier[1], Goua Jean Jacques[2], Kpami You Nina Carmelle[1], Bamba Aboubakar[1], Coulibaly Abidou Kawélé[1], Eti Edmond[1]

[1]Rheumatology Department, Cocody University Hospital (Abidjan) / Félix Houphouët-Boigny University
[2]Rheumatology Department, Bouaké University Hospital / Alassane Ouattara University

DOI: https://doi.org/10.36347/sjams.2026.v14i06.006 | **Received:** 25.04.2026 | **Accepted:** 01.06.2026 | **Published:** 03.06.2026

***Corresponding author:** Coulibaly Yaya
Rheumatology Department, Cocody University Hospital (Abidjan) / Félix Houphouët-Boigny University

Abstract | **Case Report**

Systemic lupus erythematosus (SLE) in older adults is a rare connective tissue disease. Its diagnosis and treatment remain difficult due to the variability of clinical manifestations and the presence of comorbidities. A deterioration in general health and hemolytic anemia may be the circumstances in which the disease is discovered. Clinicians must consider this in order to make an early diagnosis and improve the prognosis.

Keywords: Systemic lupus erythematosus-elderly patient.

INTRODUCTION

Systemic lupus erythematosus (SLE) is a multisystemic autoimmune disease of unknown etiology with several contributing factors, including genetic, immunological, and environmental factors. It mainly affects women of childbearing age. Its onset at an advanced age suggests that there are predisposing conditions for late-onset development. Clinical manifestations vary. We report a case of late-onset SLE in an elderly patient.

OBSERVATION

A 67-year-old female patient with hypertension and diabetes who was under regular medical supervision, mother of two daughters with lupus, was admitted for a deterioration in her general condition that had occurred over a period of approximately eight months. The interview revealed intermittent headaches, asthenia, anorexia, and weight loss of 15 kg in 8 months without fever. Photosensitivity and dry mouth without joint involvement were also noted.

The physical examination revealed:

- a deteriorated general condition, pale conjunctiva
- soft, painless edema of the lower limbs.
- alopecia (Figure 1)
- catatonic syndrome

The examination of the osteoarticular, cardiovascular, digestive, and spleno-ganglionic systems was unremarkable.

Paraclinical findings:

Normochromic normocytic anemia with a hemoglobin level of 7.7 g/dL was noted. The direct Coombs test was positive. Renal function tests showed: urea at 0.52 g/L, creatinine levels of 25 mg/L with a glomerular filtration rate of 29 mL/min (stage 3B renal failure), 24-hour proteinuria of 1 g/24h, hypoalbuminemia of 29 g/L, and hypoproteinemia of 35 g/L.

Given his lupus history, an immunological assessment revealed: positive antinuclear factors at 2.5 IU/mL, positive anti-Sm antibodies at 29.4 IU/mL, and negative native anti-DNA antibodies.

The diagnosis of lupus in the elderly with cutaneous, hematological, renal, and neuropsychiatric manifestations was made based on the SLICC 2023 criteria (3 clinical criteria + 2 immunological criteria).

The patient received treatment with corticosteroids at a dose of 1 mg/kg/day, gradually reduced, combined with azathioprine, a loop diuretic, and an antidepressant (fluoxetine). The course of treatment was marked by an improvement in renal involvement, a regression of neuropsychiatric disorders, and persistent autoimmune anemia requiring repeated

transfusions of phenotyped packed red blood cells. In view of the azathioprine-refractory autoimmune cytopenia, biotherapy with rituximab was performed. The patient died after the first infusion of rituximab in the context of severe sepsis.

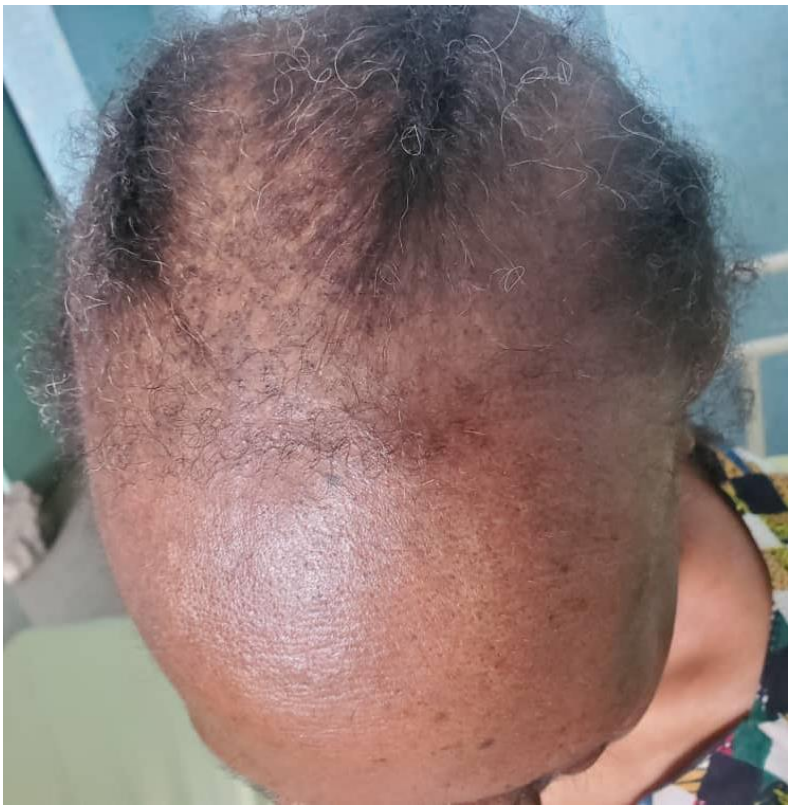

Figure 1: **Fine, brittle hair with non-scarring alopecia**
Source: Rheumatology Department, Cocody University Hospital

DISCUSSION

In recent years, several publications have described a late-onset form of lupus, with an age range of 50 to 60 years and a frequency of 6 to 19% [1]. The onset of lupus after age 65 is a rare occurrence, noted in only 5% of cases [2, 3]. Our patient was 67 years old when lupus was diagnosed. The SLICC 2023 criteria compatible with the diagnosis of lupus were: alopecia, catatonic syndrome, glomerulopathy, autoimmune hemolytic anemia, positive antinuclear factors, and anti-Sm antibodies. Neurological, renal, and hematological involvement appears to be rare in lupus in the elderly [3,4]. These manifestations were the presenting symptoms of the disease in our patient. General signs, particularly marked weight loss, were present, as observed in most studies [5,6]. There was no joint involvement, making the diagnosis of lupus difficult. Our diagnostic approach was facilitated by the presence of lupus cases in the patient's family history. The rarity of joint and skin involvement in elderly lupus patients leads to diagnostic uncertainty, as found in most studies [2,7]. Immunologically, our patient had no native anti-DNA antibodies. This finding is corroborated by data in the literature, which show that native anti-DNA antibodies are rare in late-onset lupus [1,7].

Our patient's treatment required the use of high doses of corticosteroids with gradual tapering, combined with an immunosuppressant (azathioprine) due to the severity of the damage (renal and neuropsychiatric). The course of treatment was marked by persistent hemolytic anemia requiring the use of biological therapy. Given the unavailability of belimumab and anifrolumab in our setting, rituximab infusions were administered. The patient died one week after the first rituximab infusion due to infection. The prognosis for lupus in elderly patients remains poor due to iatrogenic complications such as infections and decompensation of underlying comorbidities [3,5].

Conflict of interest: The authors declare that they have no conflict of interest in relation to this article.

Authors' contributions: Coulibaly Yaya (literature review, manuscript writing), Hodonou Fourrier (English translation), Touré Angèle, Meité Novanly (observation writing), Kpami You Nina Carmelle, Bamba Aboubakar, Coulibaly Abidou Kawélé Eti Edmond (manuscript correction)

Ethical Consideration

The case report titled 'Late-onset systemic lupus erythematosus in elderly patient: a case study at Cocody University Hospital' has been reviewed and

approved by the Institutional Ethics Committee of Cocody University Hospital (Abidjan), Côte d'Ivoire

Patient Consent

Written informed consent was obtained from the patient parent for publication of clinical details and images. The patient parent understands that identifying information will not be disclosed and that consent cannot be revoked after publication.

CONCLUSION

Lupus in older adults is a rare connective tissue disease. The variability of clinical manifestations and the presence of comorbidities at this age lead to diagnostic uncertainty. Clinicians should consider this diagnosis when faced with a deterioration in general health accompanied by hemolytic anemia.

REFERENCES

1. Boddaert J, Le Thi H, Amoura Z, Weschler B, Godeau P, Piette JC. Late onset systemic lupus erythematosus. A personal series of 47 patients and pooled analysis of 714 cases in the literature. Medicine 2004; 83
2. Pu SJ, Luo SF, Wu YJJ, Cheng HS, Ho HH. The clinical features and prognosis of lupus with disease onset at age 65 and older. Lupus 2000; 9: 96-100.
3. Lalani S, Pope J, Leon F, Peschken C and the members of CaNIOS 1000 faces of lupus. Clinical features and prognosis of late-onset systemic lupus erythematosus: results from the 1000 faces of lupus study. J Rheumatol 2010; 37: 38-44
4. Catoggio L, Skinner R., Smith G, Maddison P. Systemic lupus erythematosus in the elderly: clinical and serological characteristics. J Rheumatol 1984;11: 175-81
5. Gaujard S, Broussolle C, Cathebras P, Dupond JL, Massot C, Ninet J *et al.,* Systemic lupus erythematosus with disease onset at 65 and older. Rev Med Int 2003; 24: 288-94.
6. Yokamamoharan A, Lioger B, Journaud M, Gay S, Clément J, Stankovic K *et al.,* Very late diagnosis of systemic lupus erythematosus in a man, Rev Méd Int, Dec 2025,46(2): pA444
7. Cervera R, Khamashta MA, Font J, Sebastiani GD, Gil A, Lavilla P *et al.,* Systemic lupus erythematosus: clinical and immunologic patterns of disease expression in a cohort of 1000 patients. Med Baltimore 1993; 72:113-24