

REVERSIBLE IMPOTENCE IN MIXED CONNECTIVE TISSUE DISEASE: A RARE CASE REPORT

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(Received, 12nd November 2022, Revised 04th March 2023, Published 19th April 2023)



Introduction

Recently, phacovitrectomy, which is the combination Mixed connective tissue disease (MCTD) was first described by SHARP and COLLEGUES in 1972. The clinical and laboratorial manifestations overlap with those of SLE, Scleroderma and Polymyositis, along with presence of higher titers of antibodies against antigen, U1-RNP (Maddison, 1991; Zandman-Goddard et al., 2012). Common clinical feature of MCTD includes fever, malaise, anorexia, weight loss, arthralgia, reflux esophagitis, dysphagia, swollen hands, raynaud's phenomenon, and later stage cardiopulmonary complications.

To our knowledge impotence has not been reported as a prominent feature.

We report a rare case of MCTD, who presented with all the known features along with prominent complaint of impotence. This impotence responded dramatically to the usual management of MCTD which included a combination of steroids, HCQ and Methotrexate.

Case Report

A 41 years old male presented with gradually progressive malaise and fever. The fever which was documented around 101F° was associated with anorexia, weight loss of 10 kg, recurrent oral ulcers, rash involving the neck and upper trunk, abdominal pain, raynaud's phenomenon, arthralgias, myalgias. Another prominent concerning complaint was that of gradually progressive severe impotence of four months duration. The usual workup for impotence ruled out any neurological, urological and endocrine causes. Later during the course of illness the patient also developed severe bilateral trigeminal neuralgia involving the ophthalmic divisions. Eye, ear nose and throat evaluations along with neuroimaging including MRI brain were unremarkable. Patient's past medical

history included seborrheic dermatitis, prolapsed C5/C6 intervertebral disc leading to cervical radiculopathy and hypothyroidism. He was on topical ketoconazole and oral thyroxine replacement for above ailments.

Patient was investigated and diagnosed as case of MCTD with positive ANA (speckled pattern), raised anti U1-RNP (15/<1%), positive anti smith (87/<1%) and raise muscle enzymes. He was started on combination of steroids, methotrexate, Hydroxychloroquine which resulted in improvement in both clinically and biochemical domains. For trigeminal neuralgias, bilateral neurectomy had to be performed after failure of medical treatment. Besides improvement of his other complaints, remarkable improvement was noted in his potency. To our knowledge, impotence and such a significant response to medical therapy has never been mentioned in the medical literature in the past.

Discussion

MCTD is indeed a rare disease presenting with varied signs and symptoms. Being one of the multisystem disorders, it can easily be confused with other similar disorders like SLE, scleroderma and poly myositis. Common presenting features include raynaud's phenomenon, swollen hands, arthralgias, myositis, lung fibrosis (Yoshida, 2011) and esophageal dysmotility. MCTD can however present atypically with other features like Drop Head Syndrome (DHS) (Petheram et al., 2008), poly neuropathy and auto-amputations (Naqvi et al., 2017), severe myositis which is typically refractory to corticosteroid therapy (Costa et al., 2009) and recurrent dental abscesses which is often unresponsive to conventional modalities like oral antibiotics and tooth extractions. In children such dental abscesses can sometimes

[Citation Kakar, Z.U.E, Aziz, W., Hanif, M., Fazal, S., Kumar, S., Rehman, O.U. (2023). reversible impotence in mixed connective tissue disease: a rare case report. *Biol. Clin. Sci. Res. J.*, 2023: 255. doi:<https://doi.org/10.54112/bcsrj.v2023i1.255>]

presents only with persistent fever and malaise (Stulberg et al., 2002).

Our patient, who remained undiagnosed for several months presented atypically with impotence along with other symptoms of MCTD. Additional feature included a severe bilateral trigeminal neuralgia involving the ophthalmic divisions. Before the diagnosis, several trails of various therapies including antibiotics, analgesics both NSAID and opioids had failed to demonstrate any beneficial effect. However, proper and timely diagnosis with appropriate medications which included a combination of oral steroids, methotrexate and HCQ, resulted in prompt relief both clinically and biochemically. The learning lesson from this case highlights the fact that impotence is a treatable complaints in patients with MCTD. Overlooking this aspect which is important from patient's point of view may have serious psychological and martial issues

Conflict of interest

The authors declared absence of conflict of interest.

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