Case reports
We recently diagnosed Rhupus syndrome in an 11-year-old girl who presented with polyarthritis deforms of the bilateral joints of the wrists, hands and feet for 24 months, she also had an onset of profound asthenia, recurrent oral aphthosis and massive hair loss over the past few months. Initial investigation showed anemia, increased erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP). Radiographic examinations showed juxta-articular osteopenia and chronic synovitis of the wrists. The autoimmune assessment was contributory with a positive rheumatoid factor (RF), antinuclear antibodies (ANA) (1/1000) and positive anti-Sm antibodies. Anticardiolipin and anti-RNP antibodies were negative. Our patient met >4 ACR criteria for SLE classification. She was treated with methotrexate and hydroxychloroquine, under close medical supervision in order to watch for the appearance of other organ damage to lupus disease, in particular renal and neurological. This type of joint damage is considered to be either lupus joint damage, lupus with chronic arthritis, or overlapping lupus with JIA. Children with Rhupus initially present with JIA and later develop lupus. Previous reports have shown female predominance, polyarticular involvement, non-erasive arthritis, and years of diagnostic wandering. Our patient had polyarthritis deforms with a two-year delay in diagnosis of SLE.

Conclusion
Although rare, the infantile Rhupus syndrome must be evoked in front of a deforming arthropathy.

Key words: Systemic lupus erythematosus, Juvenile idiopathic arthritis, RHUPUS syndrome.