Uncharted Waters- A Rare Case of Ascites in a SLE Flare

•Alisha Menon, MD[1];Megan Buckley, DO[1]; Yaldah Mohammed Nader, MD[1]
•[1]Lenox Hill Hospital, Department of Internal Medicine

INTRODUCTION

Systemic lupus erythematous (SLE) is an autoimmune condition that generally affects women and can involve multiple organ systems. Genetic predisposition, environmental and hormonal factors play a role in the complex pathogenesis of SLE.

Clinical manifestations are widely heterogenous; however, gastrointestinal involvement is rare, and severe involvement is usually seen in patients presenting with peritonitis, bowel ischemia, or mesenteric vasculitis.

Here we present a case of sudden onset ascites, a rare manifestation of SLE.

CASE

A 23-year-old woman with a past medical history of SLE, diagnosed 1 year before presentation and maintained on mycophenolate and a steroid taper, presented to the ER with generalized body aches and worsening abdominal distension for two days. She also complained of fatigue and joint pain but denied peripheral edema, oral ulcers, rash, urinary symptoms, shortness of breath, or chest pain. The patient had been following up with her own rheumatologist since her diagnosis.

Vitals were notable for a heart rate of 111bpm, but otherwise hemodynamically stable. Laboratory findings were significant for ESR 34, CRP 13.4, a ferritin level of 167, ANA titer of 1:640, dsDNA level of 340, a protein level >300 on urinalysis, and a low C3 level at 77. CT imaging revealed new large-volume ascites. Gastroenterology and rheumatology were consulted for further management. A hepatitis panel and QuantiFERON were also negative.

The patient underwent a diagnostic paracentesis and the ascitic fluid revealed a SAAG of 0.3 and an ascitic protein level of 3.5. A urine protein/creatinine ratio was also not within nephrotic range. Rheumatology recommended discharging the patient on an increased steroid dose for her lupus flare, and the patient reported complete resolution of symptoms at her outpatient appointment.

DISCUSSION

SLE is an autoimmune disorder characterized by a relapsing-remitting course and a broad spectrum of clinical manifestations. Elevated inflammatory markers (ESR, CRP, ferritin) and antibodies (ANA, dsDNA, and anti-smith) are the hallmark laboratory findings.

Typical clinical features can range from mild to moderate, with severe flares occurring in about 20-30% of cases. Many patients with SLE flares present with constitutional, musculoskeletal, renal, and hematologic symptoms - gastrointestinal symptoms comprise only 18% of these and generally include abdominal pain, nausea, and vomiting.

This young patient, who presented with her first lupus flare, had painless and transient ascites, which resolved with a paracentesis and steroids. This represents a rare manifestation of an SLE flare.

REFERENCES

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