A Case of Esophagitis in a Patient with Poorly Controlled Systemic Lupus Erythematosus

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INTRODUCTION

- Primary Systemic Lupus Erythematosus (SLE) esophagitis is a rare entity that most commonly presents with odynophagia and dysphagia
- Though esophageal involvement with SLE is common, it typically manifests as a motility disorder or secondary infectious or drug-induced esophagitis rather than a primary SLE esophagitis
- Although the pathogenesis is similar to that of SLE affecting other regions of the body -- with immune complex deposition in the basement membrane of esophageal epithelial cells -- SLE esophagitis remains uncommon and poorly understood
- Primary SLE esophagitis can present a diagnostic challenge due to its rarity and difficulty in distinguishing it from other causes of esophagitis in SLE patients, but it can be suspected in patients with severe SLE when other causes have been ruled out

CASE DESCRIPTION

- A 33-year-old man with history of juvenile discoid SLE complicated by arthritis, cutaneous involvement, oral ulcers, cerebritis, and four-limb avascular necrosis secondary to chronic steroid use presented with a week of worsening oral ulcers, new-onset odynophagia, stable diffuse arthralgias, and active discoid lupus with ear and scalp involvement
- His oral ulcers were more numerous and painful than was typical for his flares, and he had not previously experienced odynophagia during flares
- Esophagogastroduodenoscopy (EGD) revealed diffuse erythematous, exudative, sloughed mucosa throughout the entire esophagus and stomach, while initial pathology revealed nonspecific findings with concern for possible vesiculobullous disorder
- The patient was managed with increased immunosuppression for presumed SLE flare, and his symptoms improved
- Repeat EGD was performed to rule out an autoimmune blistering process, and immunofluorescence demonstrated granular deposits of IgG, IgM, and complement within the epithelial basement membrane, suggestive of SLE as the basis for the esophageal inflammation

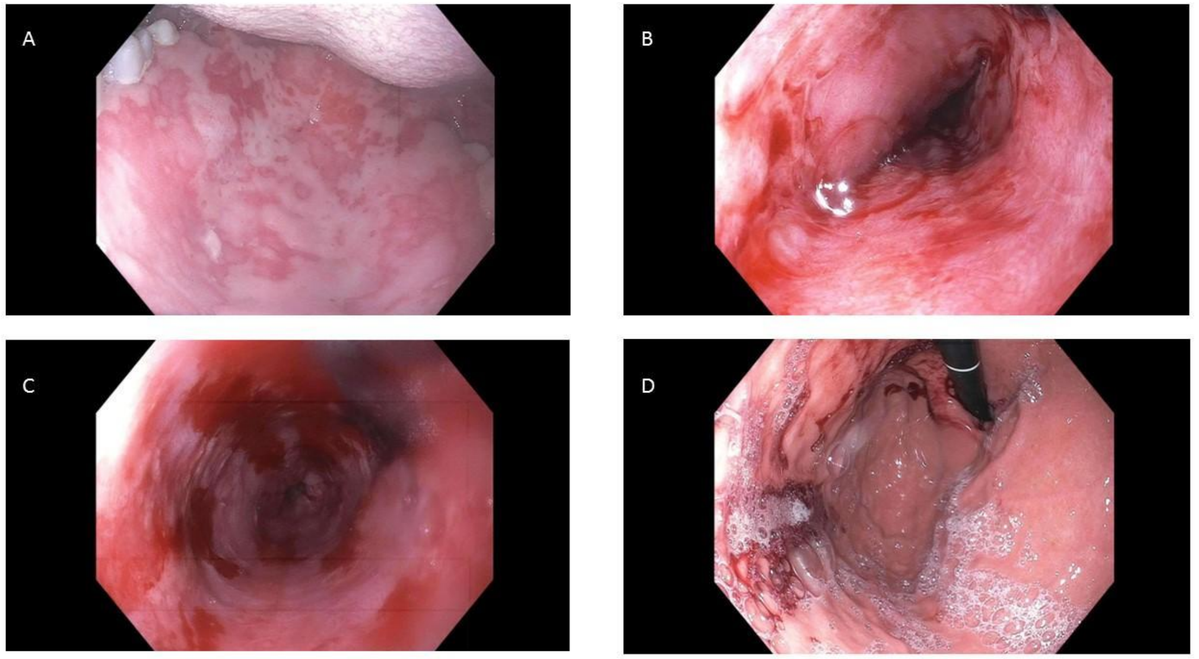

Figure 1.
A: Ulcers on palate of mouth
B: Middle third of the esophagus with severe esophagitis
C: Lower third of esophagus demonstrating more esophagitis
D: Antrum of the stomach demonstrating gastritis

DISCUSSION

- SLE esophagitis is an uncommon condition that results from granular deposition of immune complexes in the basement membrane of the esophageal epithelium, representing a form of SLE mucositis in an unusual location
- In patients with a history of SLE who present with odynophagia or dysphagia this diagnosis should be considered as a possibility, especially in those with many previous SLE-related complications.
- Definitive diagnosis can be challenging and requires EGD with biopsy to differentiate between this and more common causes of esophagitis seen in SLE patients
- Management of SLE esophagitis should mostly mirror treatment of other SLE flares with appropriate immunosuppressive therapy but warrants follow-up with a gastroenterologist to assess need for future EGD monitoring. Topical steroids may be considered to reduce the amount of systemic immunosuppression required in certain situations