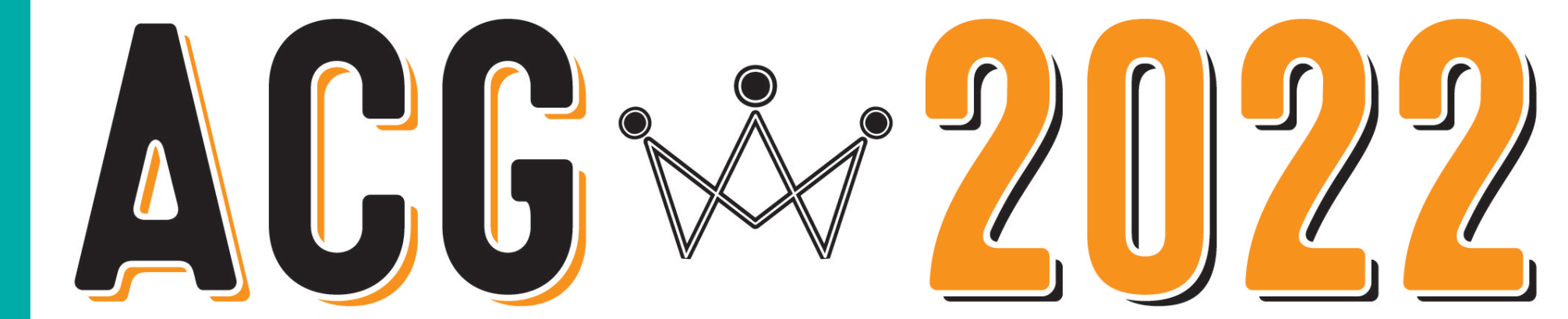


Enterocolitis As The Initial Presentation Of Systemic Lupus Erythematosus.



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INTRODUCTION

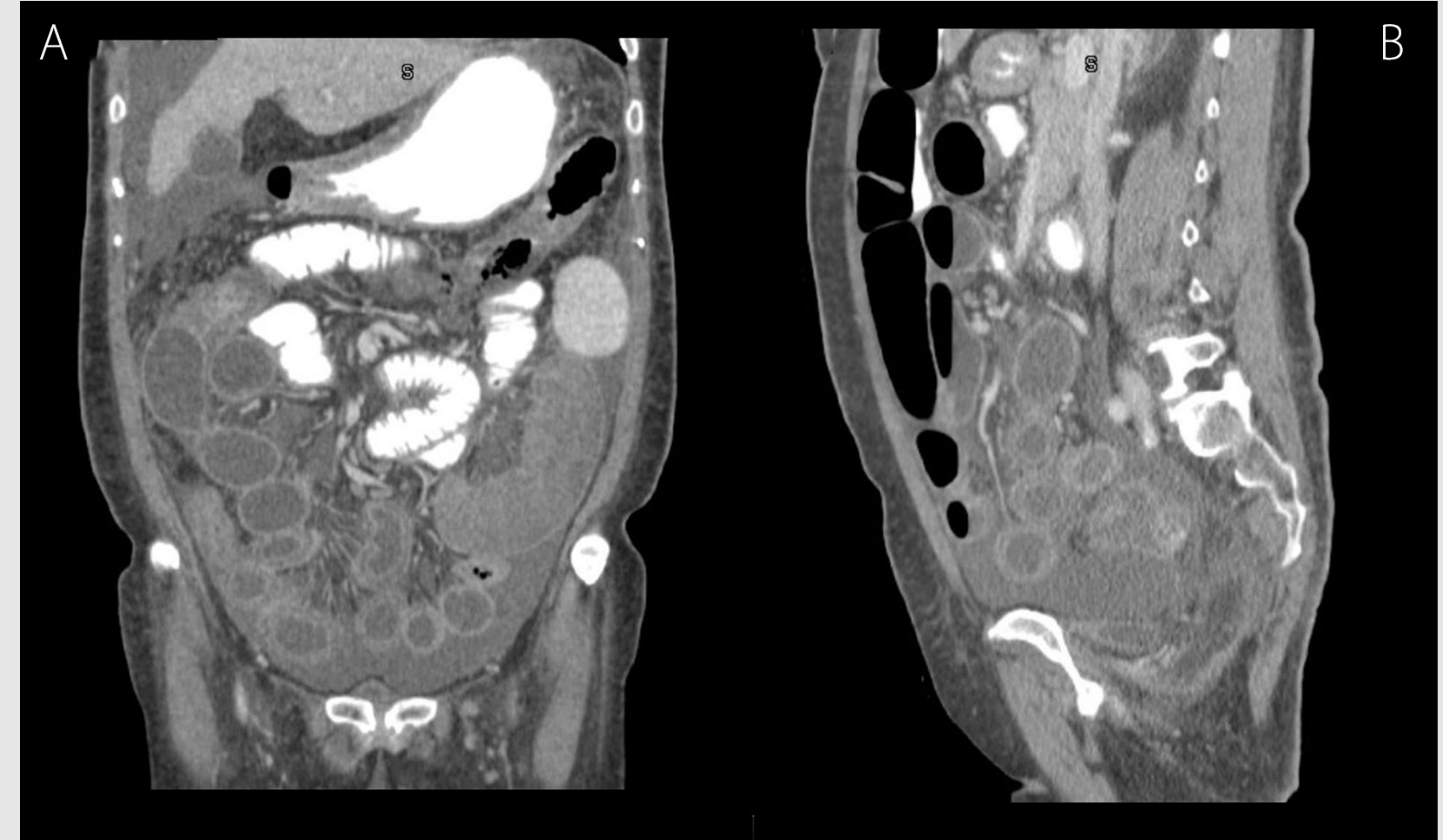
- ❖ Systemic Lupus Erythematosus (SLE) is a chronic inflammatory autoimmune disease that can have GI manifestations related to immune complex deposition and vasculitis.
- ❖ Symptoms are non-specific and include abdominal pain and diarrhea.

CASE PRESENTATION

- ❖ A 66-year-old Asian woman with no prior medical history presented with two months of generalized abdominal pain, nausea and watery diarrhea. She reported a 10 lb unintentional weight loss.
- ❖ Initial labs – Coombs positive Hemolytic anemia with Hb 6.5 g/dL, and proteinuria.
- ❖ CT A/P - moderate ascites, normal liver, diffuse mural thickening of the descending & sigmoid colon, with distal jejunum and ileum demonstrating “target signs” (Fig 1A & B).
- ❖ Stool studies - Negative for infectious etiology.
- ❖ EGD & colonoscopy - Esophagitis, gastritis but normal appearing duodenum and colon.
- ❖ Single balloon enteroscopy - Mild jejunitis & ulceration with biopsies suggesting chronic inflammation. Biopsies negative for amyloidosis
- ❖ Paracentesis revealed a SAAG of < 1.1.

DIAGNOSIS

- ❖ She met the SLICC criteria for a diagnosis of SLE with Coombs positive hemolytic anemia, positive ANA titer of 1:1280, anti ds-DNA titer 1:320, low complement levels and ascites.
- ❖ Her radiologic and endoscopic findings were attributed to lupus related enterocolitis.
- ❖ She was begun on IV methylprednisolone.
- ❖ Her symptoms progressively improved, after which steroids were tapered and she was transitioned to hydroxychloroquine therapy.



DISCUSSION

- ❖ We report here a case of enterocolitis as the initial presentation of SLE.
- ❖ Mesenteric vasculitis is the underlying mechanism, and patients can develop ascites as well, as noted in our patient.
- ❖ Common sites of bowel involvement are jejunum (80%) & ileum (85%).
- ❖ Symptoms are generally non-specific. CT imaging has become the gold standard in diagnosis with findings of bowel wall edema (“target sign”) and engorgement of mesenteric vessels (“combs sign”).
- ❖ Lupus enterocolitis occurs in the setting of active SLE, and is visualized endoscopically as ischemic enteritis or chronic colonic ulcerations.
- ❖ This disease demonstrates favorable response to steroids.
- ❖ Early suspicion and prompt management is essential to prevent complications such as bowel ischemia or perforation.