Acute Abdomen as a rare case of Lupus Enteritis in Systemic Lupus Erythematosus

Senthuran S1, Kumanan T2

1. Registrar in Emergency Medicine, Professorial Medical unit, Teaching Hospital Jaffna.
2. Professor of Medicine & Consultant Physician, Professorial Medical unit, Teaching Hospital Jaffna.

Poster NO: PP - 66

Background

Systemic Lupus Erythematosus (SLE) is a multisystem autoimmune disorder. Gastrointestinal involvement, particularly lupus enteritis is an uncommon and potentially under-recognized complication, often leading to diagnostic delays.

Case Report

26 year old female with a known SLE, non-compliant with treatment for one year duration presented with severe poorly localized periumbilical abdominal pain, recurrent vomiting and profuse watery diarrhea.

There was no associated fever.

Urine output was normal, no dysuria.

Pictures (If relevant)

Investigation

1. FBC :WBC – 7600, N – 72%, L-21%, Hp – 11.7g/dl, Plt – 438000
2. CRP – 2.7 mg/dl
3. ESR – 15mm/hr
4. Serum Amylase – 414 U/L
5. UFR:PC – 3-5
6. Urine hCG- Negative
7. POCUS – free fluid in abdomen
8. CECT Abdomen : revealed bowel wall thickening of small bowel loops (distal jejunal/proximal ileal) with submucosal edema suggestive of enteritis, gross ascites also noticed

Conclusions and Recommendations

This case highlights the diagnostic challenges associated with lupus enteritis, particularly in the absence of elevated inflammatory markers. Early consideration of this rare SLE manifestation, especially in patients with abdominal symptoms, is essential to ensure timely and appropriate management.

A provisional diagnosis of lupus enteritis was made. High-dose intravenous methylprednisolone was initiated, resulting in remarkable clinical improvement. The abdominal pain, which had been poorly responsive to intravenous morphine, significantly subsided.

References

Lucas Zambiasi et al, Lupus Enteritis: A Case Report, European Medical Journal 2023.