Marked Colonic Wall Thickening in Lupus Enteritis

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A 40-year-old woman with a 13-year history of systemic lupus erythematosus (SLE) was admitted to our hospital because of intermittent abdominal pain, low-grade fever, and watery diarrhea. Physical examination revealed diminished bowel sounds and tenderness of the lower abdomen without rebound tenderness. Laboratory tests revealed a leukocyte count of 9,900/μL and C-reactive protein of 6.72 mg/dL. Complement components C3 and C4 were 59 and 6 mg/dL, respectively (normal: 86-160 and 17-45 mg/dL, respectively), and anti-double stranded DNA antibody was 80.1 IU/mL (normal <12). Contrast-enhanced computed tomography (CT) of the abdomen revealed marked thickening of the entire colonic mucosa, the so-called “doughnut sign” (Picture 1, 2). There was no hydronephrosis or thickened bladder wall. A diagnosis of lupus enteritis was made from these typical CT findings. The dose of prednisolone was increased from 10 mg/day to 40 mg/day (1 mg/kg), and her fever and abdominal symptoms were resolved within a few days.

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