Fatal Full-blown Systemic Lupus Erythematosus

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Key words: Libman-Sacks endocarditis, interstitial lung disease, pneumatosis cystoides intestinalis

(Intern Med 53: 1733-1734, 2014)
(DOI: 10.2169/internalmedicine.53.2665)

Complications in patients with systemic lupus erythematosus (SLE) can lead to mortality (1). A 54-year-old woman with an 18-year history of SLE was admitted because of abdominal pain, vomiting, diarrhea, and mental confusion. A physical examination revealed a late systolic murmur and mild abdominal distension. Her complete blood count showed mild anemia and thrombocytopenia. The imaging studies showed a dilated colon with pneumatosis cystoides intestinalis (Picture 1). After admission, the patient’s severe diarrhea, vomiting, and hematochezia became uncontrollable, and she died as a result of multi-organ failure.

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Received for publication February 14, 2014; Accepted for publication February 24, 2014
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autopsy revealed multiple small cerebral infarcts from neuropsychiatric lupus, a non-infective vegetation attached to the redundant mitral valve (Picture 2, 3, arrows) indicating Libman-Sacks endocarditis, and interstitial lung disease (Picture 4). The most common reasons for hospitalization among SLE patients are disease flare-ups (18%) and infection (16%). A prolonged hospital stay is associated with increased mortality in patients with SLE (2).

The authors state that they have no Conflict of Interest (COI).

References