Lupus Enteritis and Cystitis

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The patient was a 41-year-old woman with a 1-year history of systemic lupus erythematosus based on her discoid lupus erythematosus, photosensitivity, and her laboratory test findings that showed lymphopenia, low complement (C3, 38 mg/dL; C4, 4 mg/dL), and the presence of antinuclear antibody (1:320 speckled pattern) and antiphospholipid antibodies (anticardiolipin antibodies, anti-β2-glycoprotein I antibody, and lupus anticoagulant). She presented to the emergency room with a two-day history of vomiting and diarrhea.

Sagittal-view of contrast-enhanced abdominal computed tomography (CT) showed bowel-wall thickening with fatty
infiltration of the mesentery and ascites (Picture 1). CT also revealed unilateral hydronephrosis of the right kidney (Picture 2), and abdominal ultrasonography showed small-bowel thickening (Picture 3, target sign), hydronephrosis of the right kidney, and bladder-wall thickening (Picture 4). The patient was diagnosed with lupus enteritis and cystitis, and treatment with methylprednisolone 60 mg/day was initiated. After treatment, her symptoms improved, and repeat abdominal ultrasonography showed a resolution of the aforementioned lesions.

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