Acute abdominal pain in systemic lupus erythematosus

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A 50-year-old woman, with a history of systemic lupus erythematosus with lupus nephritis, presented to the emergency department with an acute 2-day history of periumbilical pain radiating diffusely throughout the abdomen. Physical examination showed mild rebound tenderness and muscle guarding. Initial laboratory results were unremarkable. Abdominal x-ray demonstrated bowel loops with gas content. Three-phase Tc-99m-pyrophosphate abdominal scan revealed transient increased radioactivity in the lower abdomen, most prominent in the blood pool phase, suggesting a hyperaemic lesion that might reflect gastrointestinal vasculitis (figure 1). The patient responded well to corticosteroid therapy.

Diagnosis of gastrointestinal lupus vasculitis is challenging due to the broad differential diagnosis of acute abdominal pain. Most patients are on steroid treatment, masking signs of perforation and ischaemia.[1] Early recognition of gastrointestinal lupus vasculitis is important to detect acute reversible bowel ischaemia. Delayed diagnosis may result in obstruction, ischaemia or peritonitis. Tc-99m-pyrophosphate abdominal scan can provide indirect evidence of vasculitis.

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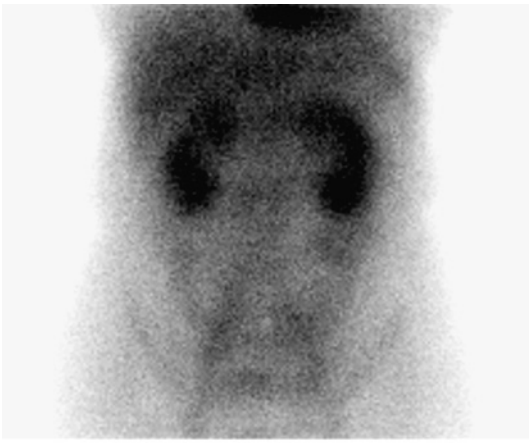
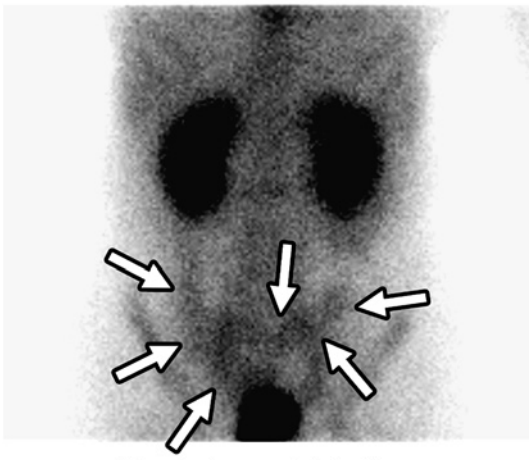
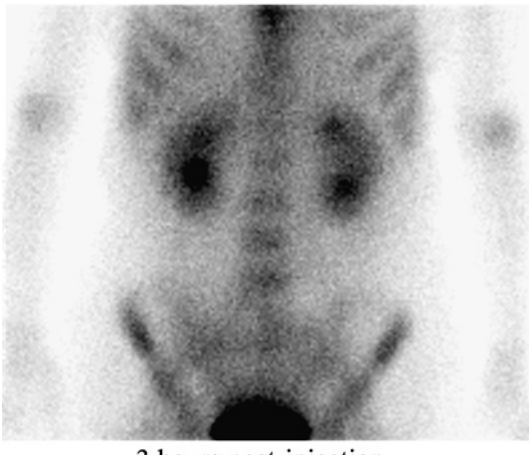


5 minutes post-injection



30 minutes post-injection



3 hours post-injection

Figure 1 Three-phase Tc-99m-pyrophosphate abdominal scans showing transient increased radioactivity in the lower abdomen, most prominent in the blood pool phase 30 min after injection.

REFERENCE

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