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Summary

INTESTINAL PSEUDO-OBSTRUCTION AS A COMPLICATION OF SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE REPORT OF A FORTY-FOUR YEARS OLD MALE PATIENT WITH RECURRENT GI OBSTRUCTIVE SYMPTOMS

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A case report describes intestinal pseudo-obstruction as a rare complication in a 44-year-old man with systemic lupus erythematosus presenting with recurrent sub-obstructive episodes that ultimately required surgical intervention.

KEY POINTS

- The patient had a 5-year history of SLE with LSE-related hepatitis controlled by prednisone and azathioprine, and presented with constipation, vomiting, weight loss, and recurring sub-obstructive episodes unresponsive to prokinetics.
- Imaging showed multiple air-fluid levels and dilated fluid-filled ileal loops without evidence of mechanical obstruction, initially raising suspicion for Crohn's disease or eosinophilic gastroenteritis.
- Colonoscopy with histology was inconclusive for Crohn's disease and eosinophilic gastroenteritis; conservative management with nasogastric decompression, immunosuppression, and parenteral nutrition was attempted.
- Worsening symptoms two weeks later required lifesaving right hemicolectomy with ileostomy; surgical histology revealed an SLE fibro-inflammatory pattern involving the enteric plexus consistent with intestinal pseudo-obstruction.
- The authors suggest that intestinal pseudo-obstruction should be suspected in SLE patients with treatment-unresponsive gastrointestinal symptoms and state that early recognition is prognostically crucial.

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