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Summary

LUPUS ENTERITIS AS DIFFERENTIAL DIAGNOSIS FOR CHRONIC DIARRHEA

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Oesophagus

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A 22-year-old woman with known autoimmune disease presented with a three-month history of gastrointestinal symptoms and malnutrition, ultimately diagnosed with systemic lupus erythematosus flare involving gastrointestinal, hepatic, and genitourinary systems based on imaging findings.

KEY POINTS

- The patient had severe protein-calorie malnutrition, hypoalbuminemia, hypocomplementemia, and hypertransaminasemia, with normal stool studies and ileocolonoscopy.
- Intestinal ultrasound demonstrated pronounced submucosal edema of the gut with normal bowel wall stratification, hepatomegaly, ascites, and abdominal lymphadenopathy, which was key for guiding differential diagnosis.
- CT imaging revealed thickened gastric and bowel walls, mesenteric hypervascularity with vascular dilation (comb sign), and bilateral ureterohydronephrosis.
- Treatment with hydroxychloroquine and intravenous steroids resulted in progressive symptomatic improvement.
- The case illustrates that lupus enteritis is an uncommon manifestation with challenging diagnosis, and endoscopic samples are rarely abnormal but useful to exclude other diseases.

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