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Original Research Paper

General Medicine

LUPUS PERITONITIS AS A RARE PRESENTATION OF SLE FLARE

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KEYWORDS :

INTRODUCTION –

SLE (Systemic Lupus Erythmatosis) is an autoimmune disease characterized by the production of autoantibodies. (1) Serositis is one of the major organ involvements seen in 10 to 30 %of lupus patients.(2,3). Pleural and Pericardial involvement are comman however peritoneal involvement is rare .(2,4,5).

SLE flare presenting as lupus peritonitis is classified into two types as follows,
Acute type -Occurs with abdominal pain and responds well to corticosteroids.

Chronic type – Responds poorly to corticosteroids and other immunosuppressants.

Case Report –

22 year old female came with complaints of painful distension of abdomen since 15 days .

She was diagnosed with SLE ,18 months back and was started on oral Prednisolone, azathioprine and hydroxychloroquine. On examination, She was pale , conscious oriented, BMI was 17,Body temperature was 36.8 °c ,Blood pressure was 120/70 mmHg ,pulse 90 per min . Cardiovascular system, respiratory system, nervous system examination was normal. Laboratory investigations were suggestive of microcytic hypochromic anaemia, raised total leucocyte count. ESR and CRP were raised. Serology was negative for hepatitis markers. Urine analysis showed proteinuria, which was non nephrotic range. Liver and kidney function tests were normal. Ascitic fluid analysis showed low Serum Ascitic Albumin Gradient (SAAG),ADA was normal and CBANNAT was negative for tuberculosis. Multiple cultures of bleed , ascitic fluid, urine shows no growth of organisms. Abdominal usg showed gross ascites rest was normal. Contrast CT of abdomen and pelvis showed ascites, diffuse thickenings of peritoneum maximum was 4 mm. Liver ,both kidneys and pancreas were normal. 2d echo showed normal left ventricular function with no regional wall motion abnormality, No signs of pericarditis. She was treated with empirical antibiotics, pulse dose of intravenous steroids and oral azathioprine. She was improved over 2 weeks of hospitalization and later discharged in stable condition on tapering doses of steroids and azathioprine.

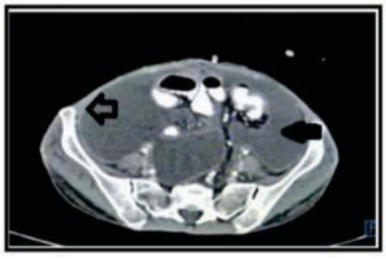
DISCUSSION

This young female diagnosed case of SLE 18 months back presented with ascites since 15 days . Multiple diagnostic paracentesis were done which showed low SAAG . Multiple blood and ascitic fluid cultures showed no evidence any organism. After excluding other causes of ascites diagnosis of SLE flare presenting as lupus peritonitis was made and she was managed with Intravenous steroids in pulse dose along with azathioprine and empirical antibiotics. Her condition improved over a period of 2 weeks of hospitalization and later she was discharged on tapering doses of steroids and azathioprine.

CONCLUSION –

SLE flare can present as lupus peritonitis and needs further investigations to establish diagnosis.

Lupus peritonitis has poor response to steroids and need additional immunosuppressants for management.



Contrast Enhanced-Computed Tomography

Demonstrating gross ascites (solid arrow) and peritoneal thickening (hollow arrow)

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