



(Systemic lupus erythematosus, SLE)

Associa- tion)

SLE

(American Rheumatism

. SLE

SLE

SLE

10

6-35

. SLE

(Fig. 2A),

CT

(spasm)

(double-target sign)

(Fig. 2B).

(Fig. 3).

(Fig. 4)

가 (1, 2).

SLE

(Fig. 5).

. SLE

20

(

13-48)

, SLE

SLE
가 (Fig. 6),
(amylase) 가

가

SLE

30%

CT
(tapering)

(6).

(Fig. 1) (3).

SLE
(5)

SLE

60%

(4). Hoffman

CT

(Fig. 7).
9)

(Fig. 8)

(Fig.

1.5cm

(Fig. 10).

SLE 11% 가 (1-3).

SLE (6).

(Fig. 11).

1/3 1/2

SLE

가 SLE Abu-Shakra (7)
4.1

SLE



A



B

Fig. 1. Mesenteric vasculitis.

A. CT scan of a patient with mesenteric vasculitis shows beaded pattern of mesenteric vessels (arrowheads) without tapering at the terminal portion. Ascites and target appearance (arrows) of small bowel loops are also presented.

B. Abdominal CT scan reveals infiltration of mesenteric fat (arrows) and thickening of bowel loops and peritoneum (arrowheads).



A



B

Fig. 2. Lupus enteritis.

A. UGI shows thickened duodenal and jejunal folds with tethered and spiculated pattern (arrowheads).

B. Transverse abdominal ultrasonography shows the typical target configuration of multiple inflamed bowel loops (arrows).

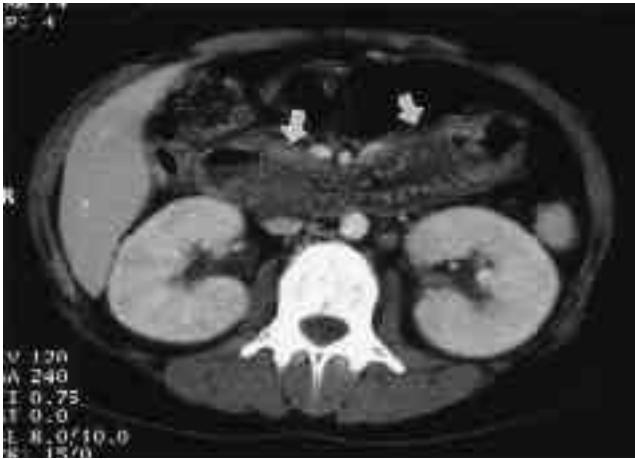


Fig. 3. Enhanced abdominal CT scan shows dilated duodenal loops with wall thickening and fluid retention as well as ring-like wall enhancement or target sign (arrows).



Fig. 4. Isolated colonic wall thickening. Enhanced abdominal CT scan shows circumferential wall thickening of the rectosigmoid colon (arrows).



A

Fig. 5. Hepatocellular adenoma.

A. Abdominal ultrasonography shows well-defined hyperechoic mass (arrows) in the left lobe of the liver.



B

B. Enhanced abdominal CT scan shows relatively well-enhancing mass (arrows) in the left lobe of the liver.



Fig. 6. Pancreas enlargement. Enhanced CT scan shows diffuse enlargement of pancreas without adjacent fat infiltration.



Fig. 7. Enhanced abdominal CT scan reveals minimally peritoneal enhancement (arrows) with small paraaortic lymphadenopathy (arrowhead).

가 (Fig. 12).

(7), SLE

SLE 30-50% (8) (Fig. 15).

CT (Fig. 13) (1,

2).

가 가 CT (Fig. 14). SLE

SLE 10-12% 22% (9), (Fig. 16)

가,

가,

(9).



Fig. 8. Enhanced abdominal CT scan reveals gallbladder with minimal wall thickening and enhancement (arrow), moderate enlargement of both kidneys with delayed enhancement, and ascites (arrowheads).

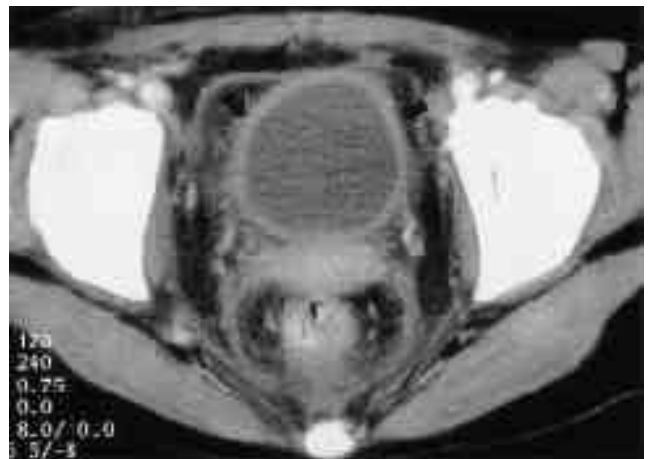
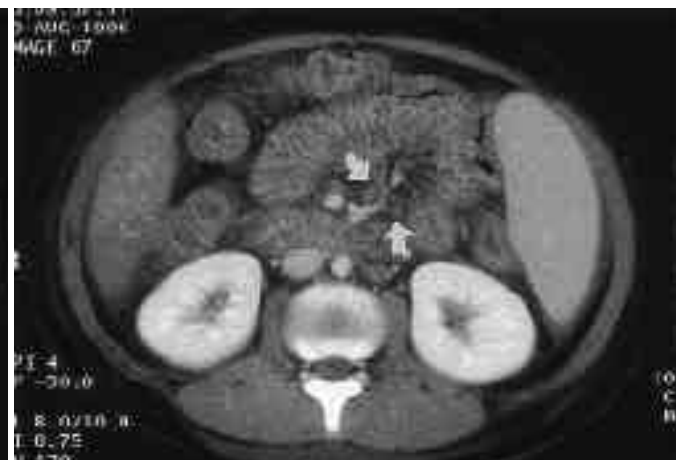


Fig. 9. Abdominal CT scan shows diffusely thickened urinary bladder wall with homogeneous enhancement (arrows). Also, enhancement of prevesical fascia, uterosacral ligament, and peritoneum is present.



A Fig. 10. A. Paraaortic lymphadenopathies. The lymphadenopathies (arrows) are small and homogeneously enhanced without central low density.



B. Mesenteric lymphadenopathies have same findings to paraaortic lymphadenopathies. Bowel wall thickening and small amount of ascites are also seen.



Fig. 11. Splenic infarction. Enhanced CT scan reveals multiple peripheral wedge shaped low attenuation area (arrows). Hepatosplenomegaly and perisplenic ascites are also noted.



Fig. 13. Subcapsular hematoma. Enhanced CT scan shows hypodense area to the posterior aspect of right kidney.



A
Fig. 12. Ileal lymphoma.



B

A. Double contrast colon study shows fungating mass (arrows) of the terminal ileum protruding in the ascending colon.
B. Abdominal CT scan shows well enhancing mass (arrows) and intussusception (arrowheads) of the ascending colon.



A
Fig. 14. Lupus nephritis.

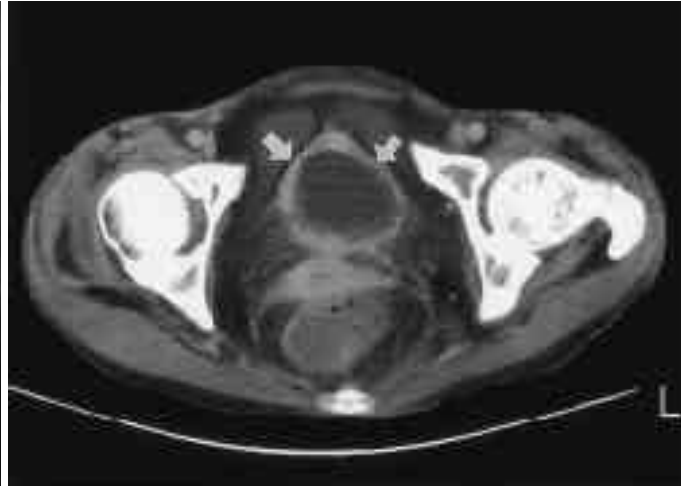


B

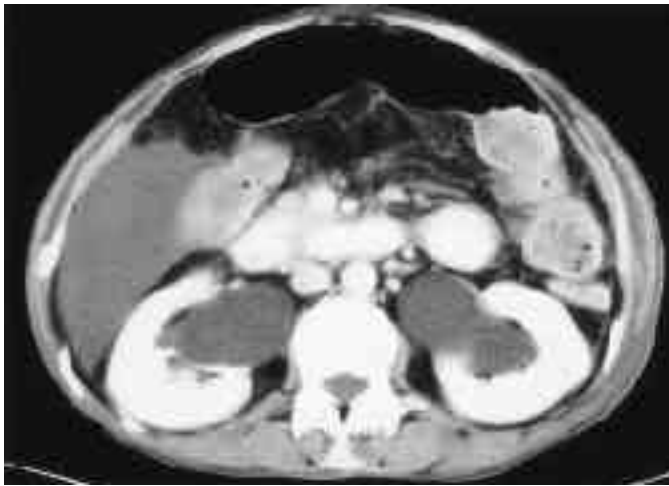
A. Sagittal ultrasonogram shows increased longitudinal and anteroposterior dimension of the kidney with increased cortical echogenicity (arrows) and prominent renal pyramids (arrowheads).
B. Portal phase CT scan reveals increased renal size and delayed renal enhancement.



A



B



C

Fig. 15. Interstitial cystitis.

A. Voiding cystourethrogram reveals a small and contracted bladder with irregular wall and diverticula (arrow) of variable size as well as no evidence of vesicoureteral reflux on either side.

B. Abdominal CT scan shows well-enhancing urinary bladder with irregular wall thickening. Also, moderate amount of ascites is present in pelvic cavity.

C. Abdominal CT scan, at the level of renal hilum, shows bi-lateral hydronephrosis.



A



B

Fig. 16. IVC thrombosis

A. Sagittal Abdominal ultrasonogram reveals small sized IVC (arrows) with echogenic thrombi (arrowheads).

B. Abdominal CT scan shows low-attenuating thrombi (arrowhead) in the IVC with multiple collateral vessels (arrows).

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Systemic Lupus Erythematosus : Abdominal Radiologic Findings¹

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Systemic lupus erythematosus(SLE) is a systemic disease of unknown etiology. Its main pathology is vasculitis and serositis, due to deposition of the immune complex or antibodies. Most findings are nonspecific ; abdominal manifestations include enteritis, hepatomegaly, pancreatic enlargement, serositis, lymphadenopathy, splenomegaly, nephritis, interstitial cystitis, and thrombophlebitis. We described radiologic findings of various organ involvement of SLE; digestive system, serosa, reticuloendothelial system, urinary system, and venous system. Diagnosis of SLE was done according to the criteria of American Rheumatism Association. Understanding of the variable imaging findings in SLE may be helpful for the early detection of abdominal involvement and complications.

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