

Lupus Mesenteric Vasculitis Limited in Stomach

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The patient, an 18-year-old woman, presented with upper abdominal pain. She was diagnosed systemic lupus erythematosus (SLE) 3 years ago. Figure 1 was abdominal computed tomography (CT) at that time. CT showed gastric wall edema and thickening. However, small intestine and large bowel were intact. Gastroscopy showed mucosal edema and erythema from lesser curvature to antrum (Figure 2). Gastric mucosal biopsy was just chronic gastritis. She was diagnosed lupus mesenteric vasculitis (LMV) limited in gastric wall. We ordered intravenous steroid therapy (1 mg/kg/day), and abdominal pain was improved. LMV is life-threatening unless

proper management and more frequent in patient of SLEDAI >5. Most of LMV patients showed abdominal plain film characteristic of paralytic ileum. But, enhanced abdominal CT is most powerful diagnostic tool (1). Therefore, CT is valuable diagnostic tool in SLE patients with severe abdominal pain without evidence of paralytic ileus in abdominal plain film.

Reference

1. Ju JH, Min JK, Jung CK, Oh SN, Kwok SK, Kang KY, et al. Lupus mesenteric vasculitis can cause acute abdominal pain in patients with SLE. *Nat Rev Rheumatol* 2009;5:273-81.

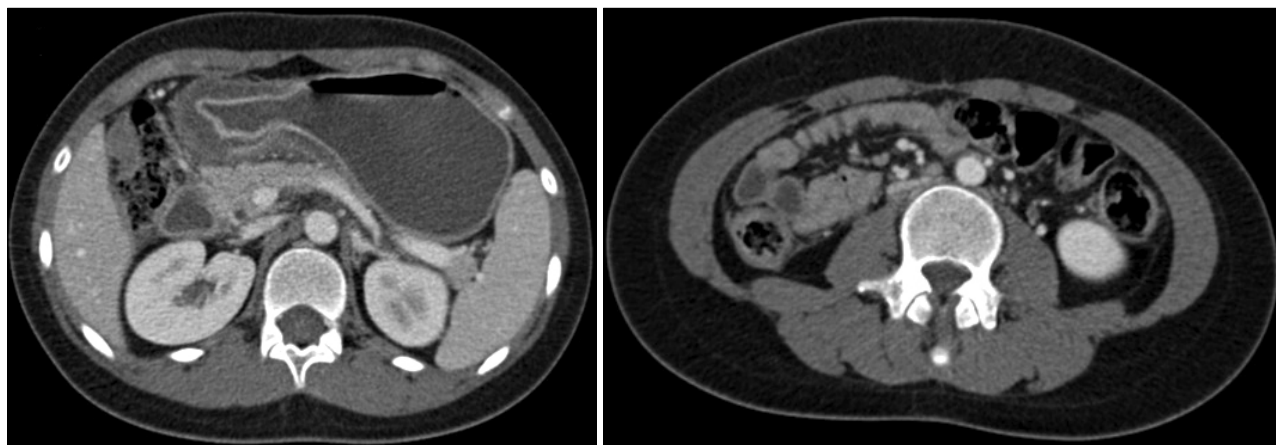


Figure 1. Computed tomography (CT) shows stomach wall thickening, predominant antrum (left). Nothing to observed bowel wall edema or target sign in small and large intestine (right).

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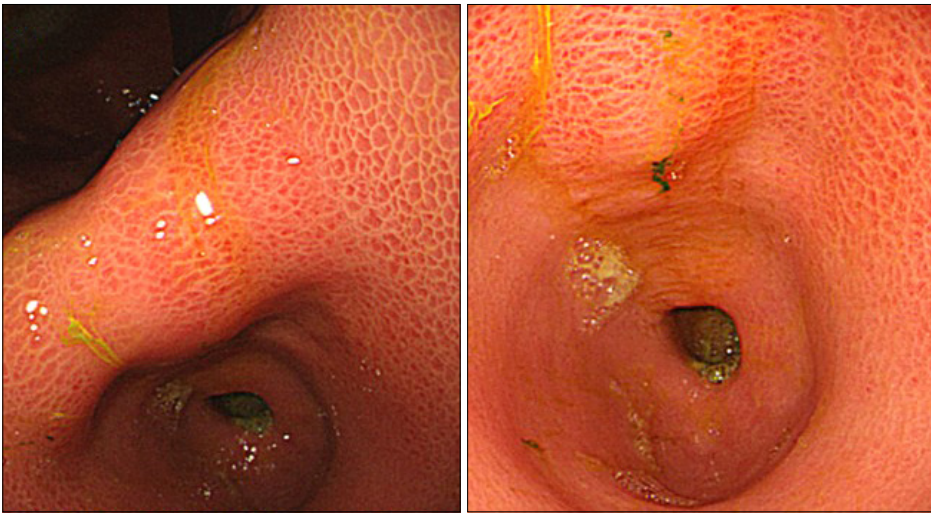


Figure 2. Gastroscopy shows lesser curvature and antrum, respectively (left and right). It is only observed mucosal edema and erythema. There are nothing to another sign.