

中文題目：採用電腦斷層來輔助狼瘡性腸炎的診斷

英文題目：CT imaging in the diagnosis of lupus enteritis

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Background:

Lupus enteritis is a rare and poorly understood gastrointestinal manifestation of systemic lupus erythematosus (SLE). Patient history and characteristic findings on a CT scan can assist in the diagnosis of this enteritis.

Case:

A 44-year-old lady with thalassemia and prior appendicitis s/p appendectomy, presented herself to the emergency department (ED) several times in the past 5 days due to intermittent, dull, and recurring right lower abdominal pain. Initial treatment as pelvic inflammatory disease proved to be ineffective. She received an abdominal CT scan with contrast upon her next ED visit, in which the scan revealed terminal ileum with diffused bowel wall thickening, lumen dilatation, enhancement of the mucosa and serosa ("target sign"), and mesenteric fat stranding. With further enquiry, she recounted arthritis and photosensitivity in the past. Laboratory evaluation showed an elevated anti-nuclear antibody (ANA speckle: 1:320), high anti-double stranded DNA (anti ds-DNA: 34 IU/ml), and low complements (C3: 17mg/dl and C4: 2mg/dl). The patient was diagnosed with SLE in accordance with 2012 SLICC classification criteria (2 clinical + 3 laboratory criteria). The abdominal pain resolved promptly after corticosteroid treatment. She was soon discharged and continued her SLE treatment at the outpatient clinic.

Discussion:

Lupus enteritis is diagnosed with the criteria of vasculitis or inflammation of the small bowel with supportive image and/or biopsy findings. While most patients respond well to treatment, the diagnosis can be difficult and thus, require high suspicion for a timely diagnosis. Complications include intestinal necrosis and perforation if left untreated.