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Man with joint pain and abdominal pain

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A 51-year-old male presented to the emergency department with a 2-day history of abdominal pain in the right iliac fossa. He had presented with pain in the knees, ankles, and hands 5 days previously, and was treated with prednisone. Physical examination detected abdominal tenderness in the right iliac fossa. Laboratory tests revealed a white blood cell count of $18,000 \text{ mm}^3$ and a C-reactive protein level of 315 mg/L. The lactate level was normal. Abdominal computerized tomography and a laparotomy were performed urgently (Fig 1-2).

Diagnosis

Lupus mesenteric vasculitis. This case describes a rare complication of systemic lupus erythematosus (SLE). Computed tomography scan of the abdomen revealed a dilated bowel loop with mural thinning and an absence of wall enhancement (Figures 1 and 2) on the right side of the abdomen, with adjacent fat stranding, suggesting lupus mesenteric vasculitis. The surgeon confirmed intestinal ischemia (Figure 3). SLE is an immune disease that can lead to several atypical clinical manifestations (1). Mortality and morbidities from SLE are correlated with damage to the small intestine or the colon due to lupus mesenteric vasculitis (LMV), leading to acute or chronic intestinal ischemia. The frequency of LMV is rare and is estimated to be 0.2–9.7% (2). Prompt and accurate diagnosis of LMV is critical to ensure implementation of appropriate immunosuppressive therapy, prevent serious complications (2-4) and avoid unnecessary surgical intervention.

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Figure 1: Computerized tomography of the abdomen with intravenous contrast (axial view), showing ischemia of one segment of bowel (arrow).

Figure 2: Computerized tomography of the abdomen with intravenous contrast (coronal view), demonstrating a segment of small bowel with lack of enhancement and thin wall (arrow).

Figure 3: Photograph of the abdominal cavity, showing intestinal ischemia (arrow).





