中文題目: 一位 82 歲女性以急性腹痛表現之紅斑性狼瘡腸炎
英文題目: Lupus mesenteric vasculitis presenting as acute abdominal pain in an 82-year-old woman
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Background:
Abdominal pain secondary to lupus mesenteric vasculitis is an insidious process that can be intermittent for months prior to the development of an acute abdomen. Patients may suffer from bowel necrosis, perforation and sepsis. Studies found death due to perforation occurred in 1 to 2 percent of patients and typically occurred in those with severe active lupus.

Case Report:
An 82-year-old woman presented to our hospital due to severe diffuse abdominal pain with intermittent bloody diarrhea for three months. Anorexia, nausea, vomiting and postprandial fullness were associated. She had gradual weight loss of 10 kg. Two months before admission, the patient underwent upper endoscopy and colonoscopy. Gastric ulcers, colon telangiectasia and diverticulum were noted but could not explain her persistent symptoms. Abdominal CT did not reveal specific cause of abdominal pain. During OPD follow-up, painless oral ulcers were found upon thorough physical examination. ANA and anti-ds DNA antibody titers were positive. Under suspicion of lupus mesenteric vasculitis, we initiated treatment with intravenous methylprednisolone. The patient's abdominal pain and diarrhea subsided after treatment and her appetite improved. The patient was then discharged with oral prednisolone maintenance.

Discussion:
The prevalence of lupus mesenteric vasculitis (LMV) ranges from 0.2%~9.7% among all SLE patients. However, it is one of the main causes of acute abdominal pain in those with active disease, accounting for 29~65% of acute abdomen episodes. The pathophysiologic mechanism involves (1) Immune complex deposition in vessel wall leading to leukocytoclastic vasculitis (2) Thrombosis of vessels associated with circulating antiphospholipid antibodies. Abdominal CT is the most useful tool for diagnosing LMV, characterized by the presence of target signs, comb signs, and other associated findings. Intravenous steroid or cyclophosphamide can be used for medical treatment and early surgical intervention should be considered when there is delayed response or signs of bowel ischemia, necrosis and perforation.

References:
1. Ju, J. H. et al. Lupus mesenteric vasculitis can cause acute abdominal pain in patients with SLE. *Nat. Rev. Rheumatol.* 5, 273–281 (2009);
2. Malaviya et al. Acute abdomen in SLE. *Int J of Rheum Dis.* 2011 Feb;14(1):98-104