

中文題目：全身性紅斑狼瘡病人以乳糜腹水為初期表現

英文題目：Initial presentation of chylous ascites in a patient with systemic lupus erythematosus

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Abstract

Systemic lupus erythematosus (SLE) is a systemic autoimmune disorder with involvement of multiple organs. Different serositis including pleural effusion, pericardial effusion and ascites can be found among the disease course of SLE. Peritoneal involvement by ascites is common in initial presentation of SLE. However, chylous ascites is uncommon in SLE patients. Here, we reported a 93-year-old female with initial presentation of chylous ascites during the disease course of SLE flares. Other symptoms including poor appetite, pitting edema of bilateral leg, lethargy, and oral ulcer are also recorded. There was marked distention and ovoid shape of abdomen. Shifting dullness and central tympanic sound was found in percussion. Bilateral rales breathing sounds were also found. Multiple oral occurred in oral cavity. The image of chest showed bilateral pleural effusion. Abdominal sonography revealed moderate ascites and pleural effusion. Laboratory investigation showed a white blood cell count of 7,300cells/uL with 70% neutrophil and 18% lymphocyte, a hemoglobin level of 12.0g/dL, a platelet count of 98,000 cells/uL, a C-reactive protein level of 2.51 mg/dl(normal<0.5mg/dl), a blood urea nitrogen of 25.2 mg/dl(normal 7-20 mg/dl), a creatinine level of 0.95 mg/dl(normal 0.5-1.0 mg/dL), a aspartate aminotransferase level of 29U/L(normal<31U/L), a alanine aminotransferase level of 22U/L(normal<31U/L), and a glucose level 294 mg/dL. Proteinuria was also found from urine routine. Immunoserological analysis revealed antinuclear antibodies (ANA) 1:1280 with spackle pattern, and rheumatic factor<20 IU/mL(normal <20 IU/mL). Her levels of antibodies were as follow: anti-Sm 1.1 U/ml(normal<5U/mL), anti-Ro 20.9U/ml(normal<7U/mL), anti-La 16.8U/mL(normal<7 U/mL), C3 45.1mg/dL(normal 90-180mg/dL), C4 12.5 mg/dL(normal 10-40 mg/dL), antidsDNA 25.1 IU/mL(normal<10 IU/mL), anti-cardiolipin 5.8 GPL(normal<15 GPL), anti-RNP 5.1 U/mL (normal<5 U/mL), and anti-Scl 0.7 U/mL(normal<7 U/mL). Clear yellow

pleural fluid is extracted by thoracocentesis and transudate was found from analysis. Abdominal paracentesis was performed and white color ascites was found. Analysis showed as follow: nucleocyte 110 cells/ uL, red blood cell count 365 cells/ uL, total protein 0.62 g/dL (serum level 6.09 g/dL), albumin 0.24 g/dL (serum level 2.35 g/dL), glucose 315mg/dL(serum level 169 mg/dL), Triglyceride 303mg/dL. No growth from the culture of pleural effusion and ascites. The diagnosis of SLE was impressed by positive ANA, anti-dsDNA, oral ulcer, serosites (pleural effusion and ascites) and proteinuria. She received intravenous methylprednisolone 500 mg daily for three days, and the pleural effusion and ascites were improved. However, the patient expired 2 weeks later after the diagnosis of SLE due to persisted upper gastrointestinal bleeding and cardiopulmonary distress.