中文題目：紅斑狼瘡腹部血管炎影響泌尿道：病例報告

英文題目：Urinary treat involvement as a complication of systemic lupus erythematosus with abdominal vasculitis : a case report

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Abstract

Background: GU tract involvement is a relatively rare complication of systemic lupus erythematosus (SLE). The clinical characterization of it remains obscure. The most common clinical presentations were gastrointestinal (GI) symptoms, while urinary symptoms were less common and relatively mild. Lupus nephritis often presented concomitantly with GU involvement but was relatively less active. Abdominal CT and IVP are frequently indicated for early diagnosis. Therapy of prednisone plus cyclophosphamide was usually effective. Delayed diagnosis and treatment may lead to irreversible obstructive uropathy and permanent loss of renal function.

Case report:
This 46 year-old female was diagnosed as rheumatoid arthritis with systemic lupus erythematosus at our rheumatology ward in 1998 with initial presentation of polyarthritis, morning stiffness, leukopenia, lymphocytopenia, positive results of anti-ds-DNA and anti-nuclear antibodies. Salazopyrin 1# bid, Prednisolone 1.5# qd, MTX 3# qw, Arcoxia 1# qd and Plaquenil 2# qd were prescribed. During these years, disease flare up with intermittent polyarthritis was found. Tocilizumab was used since 2011/08. However, leukopenia (WBC 2000/ul) and mild GPT elevation occurred, tocilizumab was stopped in 2012/03. No active synovitis was found except persistent high serum level of ESR. In 2012/04, she was admitted due to diffuse abdominal pain with vomiting where abdominal CT showed jejunal inflammatory change, urinary bladder irregular mural thickening and bilateral hydronephrosis. IVP revealed moderate bilateral hydroureteronephrosis. SLE abdominal vasculitis with GI & GU involvement was considered and treated with methylprednisolone. Her symptoms improved later. Foamy urine was found since 2012/07 and daily urine protein increased from 0.56 to 1.41 g/day. Cyclophosphamide was considered but hold due to leukopenia. Increased steroid dose improved proteinuria.

Conclusion: GU involvement in lupus patients may not be so rare as has been thought. The diagnosis should be considered when patients with SLE present with GI symptoms, and therapy should begin as early as possible.