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SYSTEMIC LUPUS ERYTHEMATOSUS AND ACUTE PANCREATITIS: CASE REPORT AND REVIEW OF THE LITERATURE

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Abstract

Background: Systemic lupus erythematosus (SLE) is usually accompanied with gastrointestinal complaints, especially abdominal pain. The coexistence of SLE and pancreatic diseases is very low and does not reach 5% according to published series in Europe and the USA. The association between SLE and pancreatic diseases is based on the episodes of acute pancreatitis. Acute pancreatitis as the initial manifestation of systemic lupus erythematosus has been very rarely documented.

Methods: We report the case of a 41 years old woman patient with fever, abdominal pain and vomiting, elevated levels of pancreatic enzymes, and other laboratory abnormalities. Further investigation led to a diagnosis of SLE and acute pancreatitis. There are a small number of publications about SLE and acute pancreatitis, so a literature search was undertaken.

Conclusions: It is not clear whether SLE or the steroids are the cause of acute pancreatitis. It still remains controversial. On the other hand, the treatment of SLE pancreatitis is steroids. As SLE is a systemic disease, it can involve any organ system, so it is important to identify other coexisting abnormalities during SLE and treat them as soon as possible.

Introduction

Systemic lupus erythematosus is a systemic autoimmune disorder characterized by a broad range of manifestations and the finding of antibodies in the blood directed against one or more components of cell nuclei [1]. It has a definite female predominance, especially after the onset of puberty, but has been known to occur in children as young as 3 years of age [2]. The most common involvement is the joint and cutaneous system, with nonspecific complaints of fever, malaise and fatigue, and renal disease [3]. Gastrointestinal (GI) manifestations are common in SLE patients; 19.2%–50% of SLE patients presented with gastrointestinal symptoms [4, 5, 6, 7]. Acute pancreatitis is a rare manifestation in SLE patients [8, 9, 10, 11, 12, 13]. The association between systemic lupus erythematosus (SLE) and pancreatitis was first documented by Reifenstein et al. in 1939 [14]. According to the existing studies, pancreatitis occurred in about 0.7%–8.2% of patients with SLE [4, 5]. The annual incidence of acute pancreatitis is approximately 0.4–1.1‰ [10, 11, and 12]. Most of the data about SLE-related acute pancreatitis (AP) are mostly based on individual case reports or small case series [8, 15, 16].

The initial manifestation, however, can involve any organ system either singly or in combination, which frequently makes diagnosis difficult. The American Rheumatism Association recommends 4 of the following 11 revised criteria for the diagnosis of SLE: malar rash, discoid rash, photosensitivity, oral ulcers, arthritis, serositis, renal disorder, neurologic disorder, hematologic disorder, immunologic disorder on serologic testing, and antinuclear antibodies [17].

Case Report

M.L, a 41-year-old woman, previously well, presented at the University Hospital Center complaining of a 2-week history of lower abdominal pain and occasional dysuria. She reported one week history of fever, loss of appetite, generalized weakness, and episodes of nausea and vomiting. Her son had the same symptoms three weeks before, so she thought it was a simple flu. As the situation continued, she consulted her family doctor, who prescribed an antibiotic for a presumed diagnosis of upper respiratory tract infection and pelvic inflammatory disease.