

## A case of ischemic colitis and perforation in a patient with systemic lupus erythematosus

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**Background:** Ischemic colitis is a rare complication of systemic lupus erythematosus (SLE). It results from mesenteric vasculitis and can be life-threatening. We report a case of ischemic colitis and proctitis in SLE that progressed to fatal colon perforation.

**Case:** A 51-year-old male patient was admitted to our hospital with abdominal pain and distension for two days. He also complained of dyspnea, both leg edema and polyarthralgia for a month. Laboratory tests revealed erythrocyte sedimentation rate 67 mm/hr, C-reactive protein 18.40 mg/dL, pro-BNP 27,921 pg/mL, creatinine 1.89 mg/dL and urine protein/creatinine ratio 2,419 mg/g. He had positive results for anti-nuclear antibody (titer, 1:640), anti-smith antibody (13.1 U/mL), anti-Scl-70 antibody (23.2 U/mL) and anti-dsDNA antibody (> 380 IU/mL). Computed tomography (CT) scan showed jejunitis, sigmoid colitis and proctitis with severe ascites. Echocardiography showed global hypokinesia, mild left ventricular systolic dysfunction and a small amount of pericardial effusion. He was diagnosed with SLE and treated with methylprednisolone 1mg/kg/day and empirical antibiotics. However, he started hemodialysis due to decreased renal function and oliguria. On the 9 days of treatment, abdominal distension worsened. CT scan showed ischemic colitis with perforation in the sigmoid colon. He underwent a Hartmann's operation with a right hemicolectomy. Pathologic findings revealed mesenteric vasculitis with extensive necrosis in the sigmoid colon. Despite the emergent operation, he suffered from anastomotic bleeding with thrombocytopenia in the intensive care unit. Embolization at the anastomosis site was performed due to uncontrolled bleeding, but the bleeding continued. Eventually, he died of anastomotic bleeding and sepsis on postoperative day 12.

**Conclusion:** This case suggests that ischemic colitis of SLE can lead to fatal consequences. Early diagnosis and prompt treatment are essential to managing ischemic colitis in SLE.



Figure 1. Abdominal CT scans showed ischemic colitis with perforation in sigmoid colon, severe pneumoperitoneum, ascites and complicated peritonitis.