INTESTINAL PSEUDOOBSTRUCTION IS AN UNCOMMON BUT IMPORTANT CLINICAL MANIFESTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS (SLE).

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Gastrointestinal tract manifestations are common in SLE. However, they are seldom reported, probably due to a masking effect of predominant clinical features of involvement of other major organs. Intestinal pseudoobstruction is a rare and poorly understood complication of SLE. We report here characteristics of 6 of our Chinese patients presented with this condition and reviewed 8 other cases from English literature search. All patients fulfilled the revised ARA criteria for SLE. None showed any clinical features of scleroderma or overlap syndrome. The mean age of onset of this manifestation is 30.1 (15-47) years. The female to male ratio is 13:1. Eight patients had intestinal pseudoobstruction as the first presentation of their underlying lupus. The commonest coexisting lupus involvement of other organ systems included glomerulonephritis, thrombocytopenia and cerebral lupus. Anti-Ro antibody was positive in 5 of our own patients while anti-RNP was found in 1 patient only. All had active lupus serology at presentation requiring the use of high dose steroid therapy. Response was good and was observed within 1 week. Azathioprine was used as maintenance therapy with good effects. One interesting feature is the finding of concurrent bilateral hydronephrosis in 10 out of the 14 patients. These patients presented with dysuria with positive bacterial culture. There was symptomatic improvement following treatment but no radiological changes were seen.

In conclusion, intestinal pseudoobstruction is commonly an initial manifestation of SLE. The underlying pathology is not fully understood but it may be related to immune complex deposition. The finding of co-existing ureterohydronephrosis suggests that there may also be an underlying motility disorder. Early recognition and treatment of intestinal pseudoobstruction is important.