



CLINICAL IMAGE IN GASTROENTEROLOGY

Protein-losing enteropathy: An uncommon initial manifestation of systemic lupus erythematosus[☆]



Enteropatía perdedora de proteínas: una manifestación inicial poco habitual de lupus eritematoso sistémico

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A 68-year-old woman presented with abdominal pain associated with anasarca and hypoalbuminemia of 2.5 g/dl, with no significant proteinuria. Computed tomography revealed pleural effusion, pericardial effusion, ascites, and soft tissue edema (fig. 1). Malnutrition, nephropathy, and liver failure were ruled out. 99mTc-labeled human albumin scintigraphy and SPECT/CT were carried out, identifying characteristic findings of protein-losing enteropathy (PLE) (figs. 2 and 3). Immunologic study results were: low complement (C3, 49 IU/ml; C4, 7 IU/ml), antinuclear antibodies (1:5120) with a nucleolar pattern, and anti-double-stranded DNA antibodies (65.9 IU/ml). Systemic lupus erythematosus (SLE) was diagnosed. The patient was treated with diuretics and prednisone at a dose of 1 mg/kg/day, resulting in significant symptom improvement.

PLE encompasses a diverse group of disorders associated with excessive serum protein loss, by way of the digestive tract. Diagnosis is made through 99mTc-labeled human albumin scintigraphy or fecal/plasma clearance of alpha 1-antitrypsin. SLE is a rare cause of PLE. Vasculitis, lym-



Figure 1 Coronal view of the abdominal and pelvic tomography scan showing pleural effusion (arrow), pericardial effusion (hollow arrow), ascites (asterisks [*]), and soft tissue edema.

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Figure 2 ^{99m}Tc -labeled human albumin scintigraphy 4 h after the intravenous injection, showing the usual biodistribution of the radiopharmaceutical in the liver and its elimination through the urinary tract, with no abnormal concentration of the radiotracer.

phatic ectasia, and the increase in vascular permeability are the mechanisms that explain PLE in SLE. Treatment with steroids and immunosuppressants reverses PLE in a high percentage of cases.

Ethical considerations

The authors declare that the procedures followed conformed with the ethical standards of the responsible



Figure 3 Coronal view of the SPECT/CT with ^{99m}Tc -labeled human albumin scintigraphy showing diffuse concentration of the radiotracer in the lumen of the jejunum and ileum (hollow arrows), with intestinal loss of albumin consistent with protein-losing enteropathy.

committee on human experimentation, in accordance with the World Medical Association Declaration of Helsinki, and with the patient's informed consent. They also declare that the patient data was handled confidentially and anonymously.