

# Orthopedics, Osteoporosis, Rheumatology & Trauma Care

March 15, 2022 | Webinar

## Clinical features of lupus enteritis: A single-center retrospective study

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**Background:** Lupus enteritis (LEn) is a rare complication of systemic lupus erythematosus (SLE). Timely diagnosis and treatment of LEn are necessary to prevent the most serious consequences — intestinal perforation, gastrointestinal bleeding, and death. We compared the clinical features of SLE patients with and without LEn.

**Methods:** The clinical data of LEn inpatients at Suining Central Hospital from July 2012 to June 2020 were examined. These LEn patients were matched (1:2 ratio) with concurrently hospitalized SLE patients who did not have LEn. The two groups were compared using multivariate logistic regression.

**Results:** We compared SLE inpatients with LEn (n=43) and SLE inpatients without LEn (n=86) at our institution. Multivariate logistic regression showed that ascites (odds ratio [OR]: 9.961, 95%CI: 2.215–44.802, P=0.003), hydronephrosis (OR: 28.060, 95%CI: 2.303–341.962, P=0.009), leukopenia (OR: 5.890, 95%CI: 1.813–19.135, P=0.003), reduced complement C3 level (OR: 4.791, 95%CI: 1.605–14.300, P=0.005), and elevated immunoglobulin (Ig)A level (OR: 4.040, 95%CI: 1.307–12.487, P=0.015) were independently associated with LEn. Within the LEn group, abdominal pain was the most common abdominal symptom (88.4%), and increased mesenteric fat attenuation (74.4%) and bowel wall thickening (58.1%) were the most common computed tomography (CT) findings. Most LEn patients (88.4%) required high-dose glucocorticoid therapy ( $\geq 80$  mg methylprednisolone/day), and cyclophosphamide was the most commonly used immunosuppressant (62.8%).

**Conclusions:** Abdominal pain was the most common clinical symptom of LEn. Abdominal CT provides important information for detection and diagnosis of LEn. Ascites, hydronephrosis, leukopenia, hypocomplementemia (C3), and increased IgA were independently associated with LEn.

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