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<u>Ibrahim, N. R.¹</u>, Mohd, F. N.¹ and Mohd Ali, M.N.H², Khalil. N.³, Sahar, N. H.³

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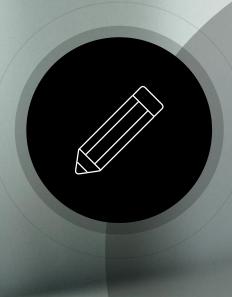
¹ International Islamic University Malaysia, Malaysia.

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A Rare Initial Presentation:

Gastrointestinal Symptoms
In Systemic Lupus
Erythematosus and Its
Differential Diagnosis

Presented by:
Dr. Nurul Akmal Abd Latip
Master Medical Officer,
Department of Eamily Medic

Department of Family Medicine, International Islamic University Malaysia.



Asst. Prof Dr. Azwanis Abdul Hadi

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Dr. Nurul Akmal Abd Latip

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Medicine, IIUM.





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Department of Anaesthesiology, IIUM.





Introduction

- □ Diarrhoea and vomiting → acute gastroenteritis
- Typical presentations of SLE: skin manifestation and joint pain.
- Gastrointestinal (GI) symptoms are rare presentation of SLE at the onset of diagnosis.





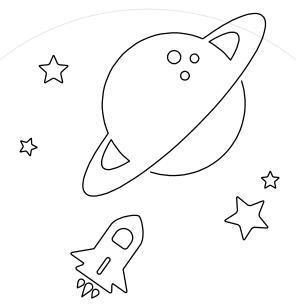
13-year-old girl who was diagnosed with SLE after she presented with symptoms similar to acute gastroenteritis.



She presented with: *diarrhoea *vomiting *mild colicky abdominal pain *bilateral ankle oedema







She returned after one week with worsening symptoms.



	Investigations	Results
	Full Blood Count	White blood cell: 4.0 x 10 ⁹ /L , Hemoglobin: 8.8 g/dl
	Renal profile	Urea 15.5 mmol/L, Creatinine 182 umol/L
	Urinalysis	Proteinuria 2+, Haematuria 3+





Further Investigations...

Antinuclear Antibody

Positive

Complements

C3: 0.2 g/L

C4: 0.3 g/L

Coomb's Test

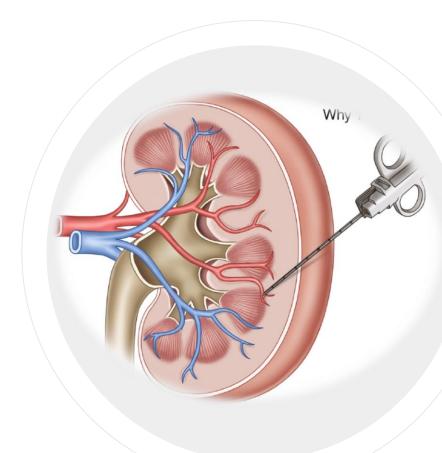
Positive





Renal Biopsy

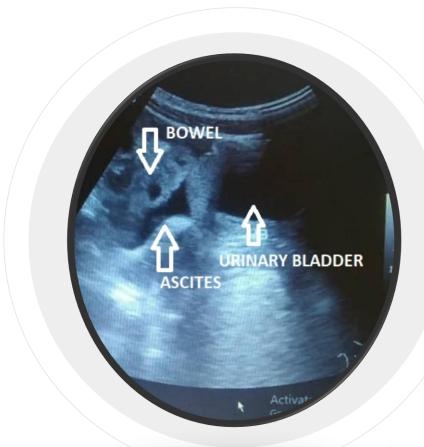
diffuse global proliferative with 50% cellular crescents (crescentic lupus nephritis) ISN/RPS class 4 with moderate chronic tubulointerstitial damage and mild acute interstitial nephritis activity index 12/24, chronicity index 6/12





Ultrasound Abdomen

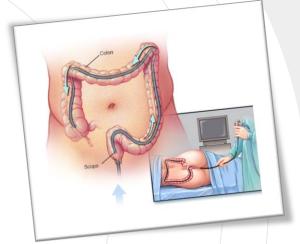
minimal ascites, bilateral renal parenchymal disease and fluid filled bowel loops due to diarrhoea.





Planned for colonoscopy

But due to the unavailability of paediatric endoscopy, colonoscopy was postponed.





Her symptoms markedly improved with intravenous Cyclophosphamide which supported the diagnosis of GI SLE.









Full examination

To elicit other signs which does not fit with typical viral gastroenteritis





Safety netting and follow-up









Differential diagnosis that should be considered





Acknowledgement

Gratitude to

the patient and her family members



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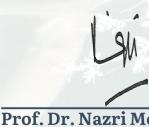
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