Abstract

Systemic lupus erethematosus (SLE) is a relatively common autoimmune disease with recently reported cases of lupus associated protein losing enteropathy (LUPLE) as an unusual manifestation. It is a well recognized clinical entity predominantly affecting middle aged Asian females. LUPLE is diagnosed by exclusion of possible causes for hypoalbuminemia in a patient with positive Anti-Nuclear Antibody (ANA). LUPLE as the first manifestation of SLE is rare but it is a well recognized complication secondary to SLE.

We report a case of 39-year-old Sri Lankan lady who was investigated for generalized body swelling, pleural effusions, ascites and pericardial effusions due to hypoalbuminemia . Her ANA was positive with speckled pattern and intestinal biopsy samples revealed evidences of chronic inflammatory cell infiltrates in laminapropria . Her investigations were not suggestive of liver diseases, albuminuria or malnutrition. We excluded all possible etiologies for protein losing enteropathy although gold standard tests to confirm it were not available in our center.

In conclusion LUPLE should be considered as an etiology for all the unexplained protein losing enteropathies. We suggest to treat LUPLE with prednesolone, hydroxychloroquine (HCQ) followed by steroid sparing agents such as azathioprine. Prognosis was excellent following appropriate treatment.