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Images in Clinical Rheumatology

Aortic Vasculitis in Patient With Systemic Lupus Erythematosus☆

Vasculitis aórtica en un paciente con lupus eritematoso sistémico

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Introduction

Vasculitis of the aorta and its major branches is a very uncommon finding in systemic lupus erythematosus (SLE). We report the case of a 65-year-old woman with SLE who developed a vasculitic process affecting the aorta.

Case Report

The patient was a 65-year-old woman, a native of the Philippines who, at the age of 18 years had had tuberculosis, which had been properly treated but left her with pleural fibrosis. At the age of 40 years, she had been diagnosed with SLE with no associated complications, which was being followed in rheumatology outpatient clinics. She came to our department with a 1-month history of asthenia, adynamia, hyporexia and weight loss related to this syndrome (5 kg in 2 months). She also complained of fever of up to 38 °C accompanied by sweating and occasional chills, abdominal pain, arthralgia in both carpi and painful oral ulcers, with no other associated symptoms. The physical examination disclosed abdominal pain on palpation in right upper quadrant and in left iliac fossa, with positive response to right lumbar fist percussion and pain on palpation in both carpi, but no synovitis. The results of the blood test were as follows:

Hemoglobin: 9 g/dL (range: 11.8–15.3); leukocytes: $12.07 \times 10^3/\mu L$; total neutrophils: $10.45 \times 10^3/\mu L$ (2.5–8.2); 86.6% (55%–75%); total lymphocytes: $0.58 \times 10^3/\mu L$, 4.8% (25%–41%); platelets: $278 \times 10^3/\mu L$ (150–450); prothrombin activity: 67% (80%–120%); international normalized ratio: 1.32 (0.8–1.2); C-reactive protein: 21.4 mg/dL (0–0.8); erythrocyte sedimentation rate: 33.1 mm/h (0–37); γ-glutamyl transpeptidase: 66 IU/L 37 °C (5–36); alkaline phosphatase: 109 IU/L 37 °C (35–104); haptoglobin: 527 mg/dL (30–200); ferritin: 1010 ng/mL (13–150); transferrin: 134 mg/dL (200–360); direct and indirect Coombs tests: negative; electrophoretic pattern: normal; complement C3: 96 mg/dL (90–180); complement C4: 34 mg/dL (10–40); total hemolytic complement (CH50): 45.2 U/mL (35–60); antinuclear antibodies (ANA): positive at a titer of 1/160 (<1/40) with a homogeneous pattern; anti-double-stranded DNA antibodies:

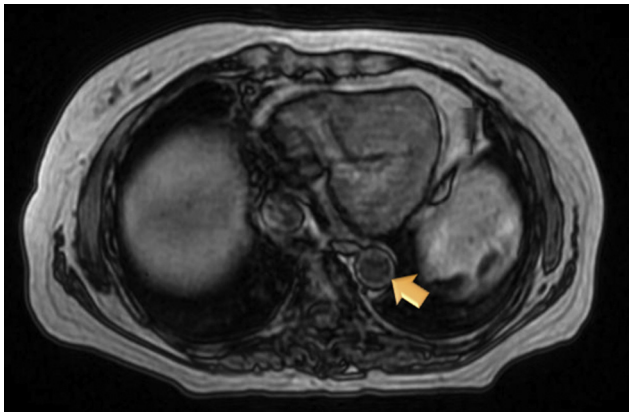

Fig. 1. Magnetic resonance angiographic image of thoracic aorta and the upper portion of abdominal aorta showing a somewhat thickened aortic wall, reaching a thickness of approximately 1.7 mm in prerenal aorta, with atheromatosis in thoracoabdominal aorta.

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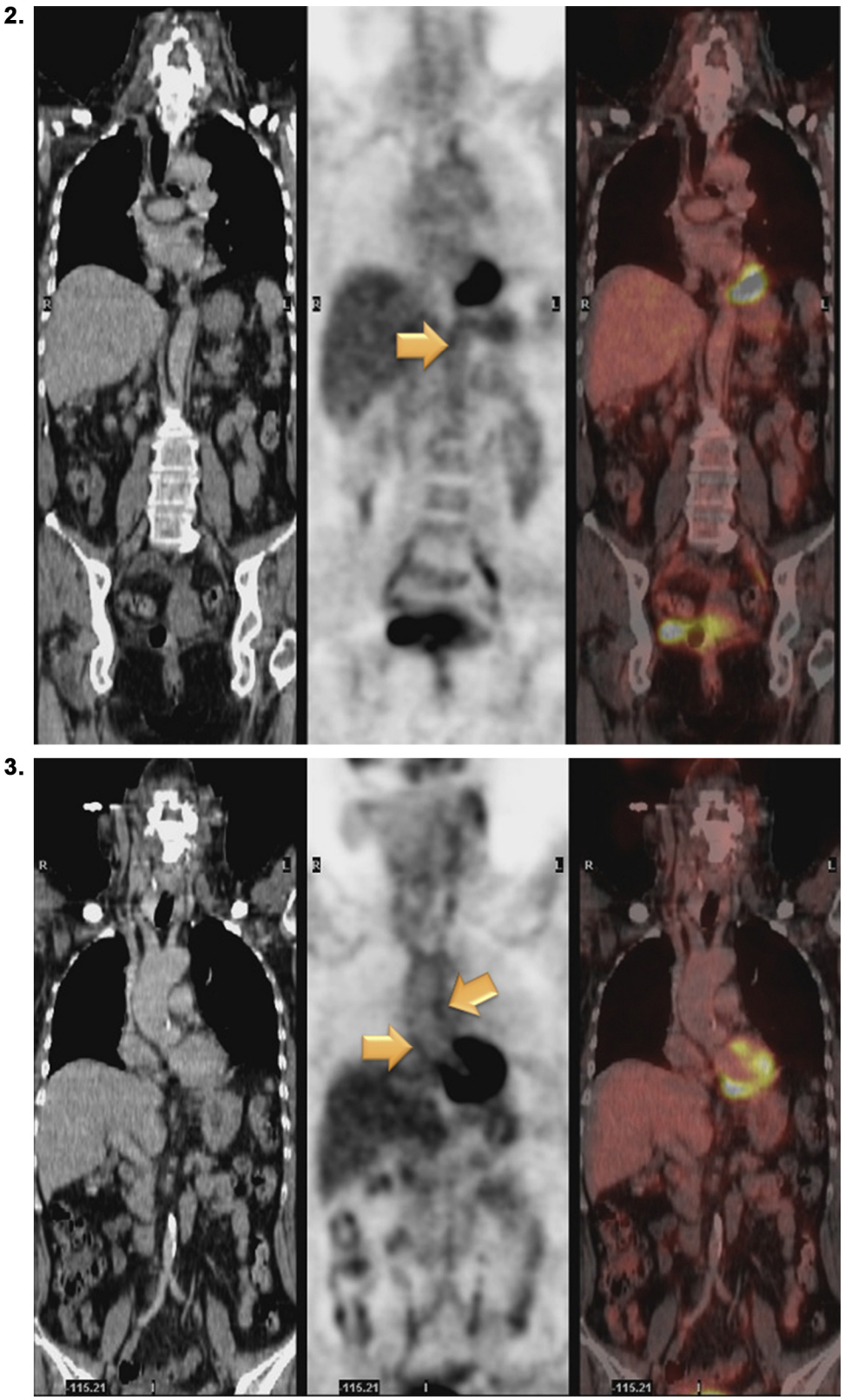

Figs. 2 and 3. Positron emission tomography/computed tomography images with ^{18}F-fluorodeoxyglucose (FDG) showing abnormal FDG uptake along the wall of thoracic and abdominal artery. Involvement of aortic arch, descending thoracic aorta and pulmonary artery can be seen. Increased FDG uptake is observed along the entire length of abdominal aorta, affecting superior mesenteric artery and extending to the common iliac bifurcation. Foci of calcified atheromatosis are present.

707 IU/mL (0.1–300); antihistone antibodies: 0.44; *Crithidia* DNA: strongly positive; anti-Smith <1.0 (<1.0); antiribonucleoprotein (RNP) antibodies <1.0 (<1.0); antineutrophil cytoplasmic antibodies (ANCA): negative (<1/2); antineutrophil myeloperoxidase antibodies: 0.5 U/mL (0–9); IgG anti-β_2-glycoprotein I antibodies <9.38 SGU (0–20); IgM anti-β_2-glycoprotein I antibodies <9.38 SMU (0–20); IgG anticardiolipin antibodies: 8.49 GPL (0–20); IgM anticardiolipin antibodies: 3.20 MPL (0–20); lupus