PORTAL VENOUS GAS AND PNEUMATOSIS IN LUPUS: WHEN DISASTER IMAGING HIDES A VIABLE BOWEL

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BACKGROUND

Pneumatosis intestinalis + portal venous gas
→ Traditionally suggests bowel ischemia
→ Often leads to emergent laparotomy
In SLE patients:
→ Autoimmune enteritis can mimic ischemia
→ Makes operative timing challenging

CASE DESCRIPTION

46-year-old woman
SLE, prior PE (on apixaban)
3 months abdominal pain → acutely severe
CT (Figure):
Small bowel pneumatosis
Portal venous gas
Ascites
Concern: ischemia vs lupus enteritis

CLINICAL COURSE
ICU, initial non-operative management
Deteriorated within 6 hours:
- Hypotension (dual vasopressors)
- Rising lactate
- Leukocytosis
- Rebound tenderness

→ Emergent exploration

OPERATIVE FINDINGS
Laparoscopy converted to laparotomy (dilated bowel)
1 L ascites evacuated
Patchy dusky bowel but viable
No necrosis, no resection
Cultures & biopsy negative

OUTCOME
Steroids + azathioprine
POD 3 CT (Figure 1B): complete resolution
Discharged day 14, pain-free

Conclusion

- Pneumatosis intestinalis with portal venous gas in SLE may resolve with aggressive immunosuppression and supportive care.
- Initial conservative management can be appropriate in selected patients.
- Maintain a low threshold for surgical exploration if clinical deterioration occurs.
- This approach may avoid unnecessary bowel resection while maintaining patient safety.