

[ PICTURES IN CLINICAL MEDICINE ]

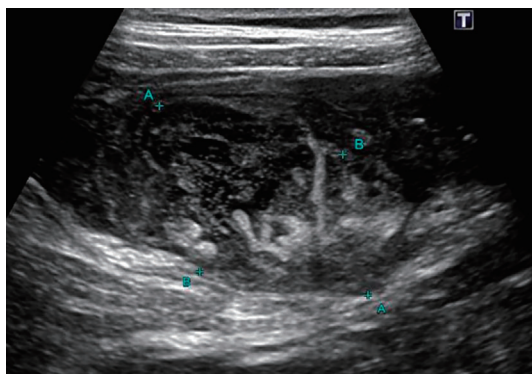
## Colonic Amyloidosis Concomitant with Systemic Lupus Erythematosus

Kozo Ikuta<sup>1</sup>, Saori Hatachi<sup>2</sup>, Takahiro Fujimori<sup>3</sup> and Seiji Shio<sup>1</sup>

**Key words:** systemic lupus erythematosus, amyloidosis

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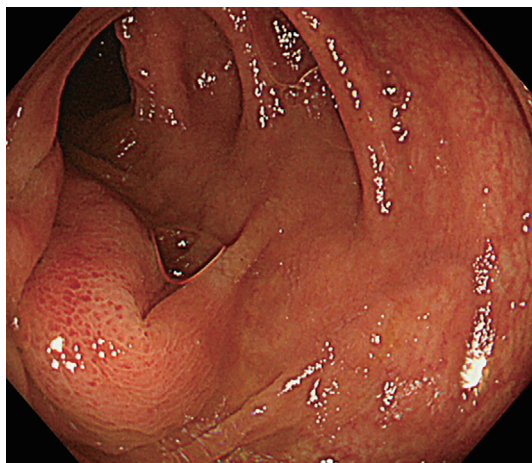
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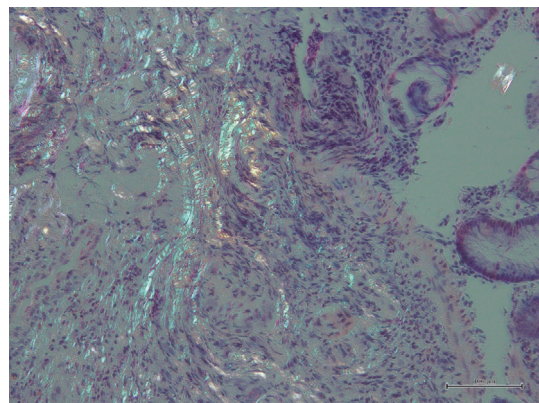
Picture 1.



Picture 2.



Picture 3.



Picture 4.

A 43-year-old woman with a 20-year history of systemic lupus erythematosus (SLE) complained of lower abdominal pain and a high fever. We and her previous physicians had controlled the disease activity of SLE well using prednisolone,

tacrolimus, hydroxychloroquine and mycophenolate mofetil for a number of years. Abdominal ultrasonography and computed tomography (CT) showed swelling of the ascending colonic wall (Picture 1, 2). Colonoscopy showed mucosal swelling and small red spots in the ascending colon (Picture 3). Congo red staining using the biopsy specimens

<sup>1</sup>Division of Gastroenterology, Shinko Memorial Hospital, Japan, <sup>2</sup>The Center for Rheumatic Diseases, Shinko Memorial Hospital, Japan and <sup>3</sup>Department of Pathology, Shinko Memorial Hospital, Japan

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Correspondence to Dr. Kozo Ikuta, kikuta@kuhp.kyoto-u.ac.jp

from the swollen mucosa was positive for amyloid deposition, and green birefringence was observed under polarized light (Picture 4). Given that Congo red staining with prior potassium permanganate incubation was negative, we diagnosed her with amyloid A (AA) amyloidosis of the ascending colon. AA amyloidosis is sometimes associated with rheumatoid arthritis but rarely with SLE (1, 2). In this case, the long history of SLE may have contributed to the development of AA amyloidosis.

**The authors state that they have no Conflict of Interest (COI).**

## References

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