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Letter to the Editor

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Peliosis Hepatis in a Patient with Systemic Lupus Erythematosus

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Dear Editor,

Peliosis is a rare vascular condition of the parenchymatous organs characterized by the presence of blood-filled cystic spaces. Peliosis hepatis was first described in a 33 year-old woman with miliary tuberculosis (1). We presented a case of peliosis hepatis that has a rare association with systemic lupus erythematosus.

A 41-year-old woman was admitted to our center with complaints nausea, weakness, and anorexia for three weeks. She had a history of systemic lupus erythematosus (SLE) since 2008. The patient received a corticosteroid, and steroid-related diabetes mellitus (DM) occurred 4 years after the SLE diagnosis. In 2012, the patient was treated by a pulse steroid, rituximab, due to the hematologic involvement of SLE. Subsequently, she developed nephritis, cataracts, and central scotoma and avascular necrosis of the femoral head. Because of the abdominal swelling, abnormality in liver functions, and diffusely increased hepatic echogenicity, she underwent liver biopsy. Histologically blood-filled cysts were found in the parenchyma (Figure 1). The cavities were less than 1 mm in diameter, and they had no complete endothelial lining or fibrosis around cysts (Figure 2). The liver biopsy was interpreted as showing peliosis hepatis.

Gross examination revealed blood-filled cavities resembling "Swiss cheese". There are two microscopic types of peliosis hepatis. The first one is parenchymal peliosis, which is characterized by blood-filled, irregular spaces not lined by the endothelium or fibrous tissue. The second type, phlebectatica pattern, consists of blood-filled, regular, spherical cavities with an endothelial lining or fibrosis.

Peliosis hepatis is found in association with asphyxia, neoplasia, liver transplantation, renal transplantation, and drug therapy. A relationship between hematologic disorders and hepatic peliosis has been reported in the literature (2). Presenting case had a history of splenic artery embolization for idiopatic thrombocytopenic purpura ITP. A study demonstrated peliosis hepatis in six patients in an autopsy series for SLE (3). Langlet et al. (4) presented a patient with peliosis hepatis associated with SLE. SLE has a tendency to affect vessels. Interestingly, the association of SLE with peliosis hepatis is quite rare. It is arguable that presenting case this patient had more than one co-mor-

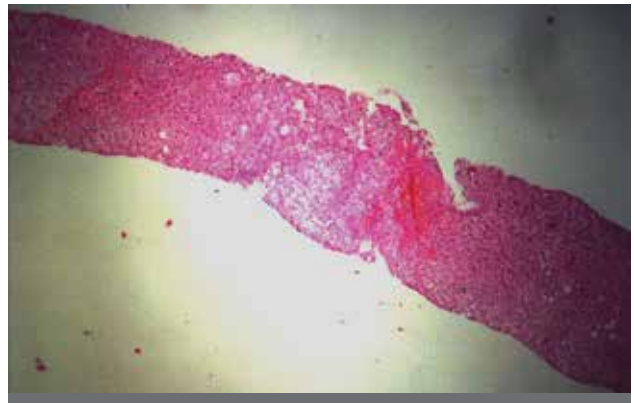

FIGURE 1. H& E, ×40, Blood-filled cystic spaces in the liver

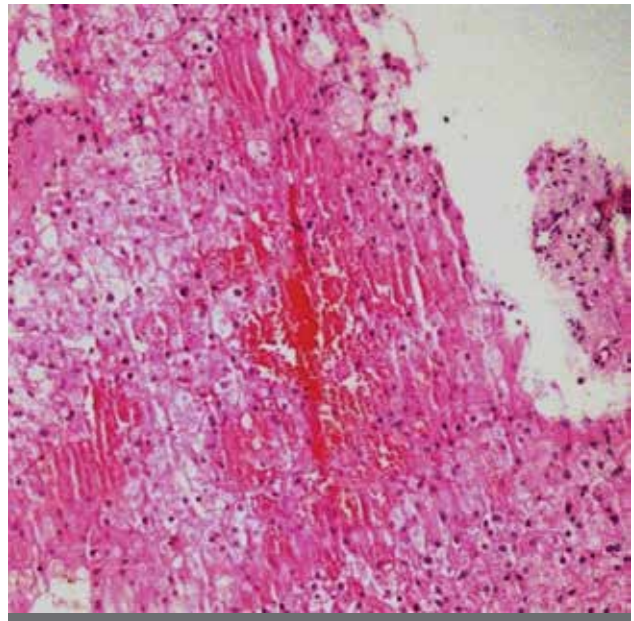

FIGURE 2. H& E, ×200, The cysts lack an endothelial lining or fibrosis

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bidity leading to peliosis hepatis. However, all these disorders were due to SLE or side effects of SLE therapy.

Usually, peliosis hepatis is incidentally detected. When it is symptomatic, severe clinical complications such as rupture and hemoperitoneum may occur. This rare entity must be kept in mind in the fatal course in symptomatic patients with abnormal liver function test results and abnormal radiologic features.

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