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## MACRO REGENERATIVE HEPATOCELLULAR NODUS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS - CASE REPORT

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**Introduction:** We present a single case of 55 years old woman with 34 years history of SLE and multiple hemangioma in the liver, who was hospitalized at the Gastroenterohepatology clinic for liver biopsy of 5x5 cm oval focal lesion located in the right liver lobe, segment 5/8.

**Methods:** Dynamic CT scan revealed early peripheral loading of the contrast in the focal lesion in the arterial phase, while the central area showed hypo density, which suggests possible necrosis.

**Results:** In portal venous phase the lesion showed accumulation of contrast in the central area, while peripheral areas were washed out from the contrast. Differential diagnosis was hepatic adenoma, atypical form of FNHR. Histopathology confirmed presence of macro regenerative hepatocellular nodus with fatty degeneration of the liver cells. The patient undergoes regular check-ups at the clinic-last one performed in February 2015 with identical MR finding.

**Discussion:** Systemic lupus erythematosus (SLE) is a systemic autoimmune disease with variable clinical presentation, usually characterized by several immunological signs and symptoms.

Regenerative nodular hyperplasia/nodus (RNH), which follows hepatic vein thrombosis and hepatic circulation disorders, has also been reported in association with SLE. The pathogenesis of RNH complicating SLE is believed to be related to vasculitis of intrahepatic arteries, leading to secondary portal venous obliteration and thrombosis of the adjacent portal veins. Alternatively, occlusion of intrahepatic small vessels may result from coagulopathy in patients with associated anti-phospholipid syndrome.

Hepatic imaging of RNH shows several additional findings, including focal nodular hyperplasia (FNH), hepatocellular adenoma, regenerative nodules, and liver metastatic disease. Computed tomography can show normal liver, numerous small nodules, or larger coalesced nodules spanning several centimeters. On nuclear medicine imaging, these lesions may take up sulfur colloid, but will remain iso- or hypodense in both arterial and portal venous phases; this helps to distinguish RNH from FNH. The use of magnetic resonance imaging (MRI) to enhance diagnostic accuracy is still controversial.

**Conclusion:** SLE patients often present comorbidity with non-autoimmune liver diseases. Hepatic circulation disorders may lead to adaptive parenchymal regenerative processes (e.g., RNH, FNH) or formation of hemangiomas. RNH must be ruled out in all lupus patients who present evidence of portal non-cirrhotic hypertension associated with hepatic pseudonodular images. Finally, histology is in some cases the only reliable method of diagnosis, and should be carried out accordingly.

**Keywords:** systemic lupus erythematosus - regenerative nodular hyperplasia/nodus

## COELIAC DISEASE AS A CAUSE OF DIARRHEA IN RENAL TRANSPLANT RECIPIENT: CASE REPORT AND REVIEW OF THE LITERATURE

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**Introduction:** Gastrointestinal adverse events are common in renal transplant recipients, with one of the most frequent being diarrhea. Celiac disease (CD) is a frequent chronic autoimmune disease. Patients with CD may present to specialists other than gastroenterologists with the diverse clinical manifestations.

**Case report:** Here we report case of a 56-year-old patient referred to our center because of diarrhea, infections. But, during the last three years he was hospitalized at our Department for several times due to diarrhea, weight losses and worsening of the kidney function. There were no signs of infections or and weight loss that had occurred during the past 14 days. During that hospitalizations screening evaluations for infection etiologies of diarrhea was unremarkable. Anti-tTG antibodies were within normal range. He had disturbances of consciousness and hallucinations. A brain CT scan was without any abnormalities. An upper endoscopy with multiple duodenal biopsies was performed. The results of the biopsies were compatible with a coeliac disease. According to the results of the biopsies and the clinical findings