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Background:

Renal involvement is a common manifestations of systemic lupus erythematosus (SLE) (30-40%). It is often asymptomatic and can presents solely as proteinuria,requiring systematic screening.Nutcracker Syndrome (NCS) is a rare vascular condition caused by compression of the left renal vein (LRV), typically between the superior mesenteric artery and the aorta, leading to venous congestion, hematuria, and proteinuria. Diagnosis is based on clinical symptoms (abdominal pain), biological markers, and imaging findings. We report the case of a lupus patient with associated NCS.

Case report:

Miss O.H, 16-years-old, was hospitalized for the investigation of inflammatory polyarthralgia, a characteristic malar rash, and intermittent abdominal pain. A series of investigations was conducted, confirming the diagnosis of SLE( ANA 1/1000, strongly positive anti-DNAdb, negative antiphospholipid antibodies, bicytopenia [thrombocytopenia, anemia] on blood count, and 24-hour proteinuria (>1g/24h), with hematuria but normal renal function). An abdominal ultrasound did not reveal any anomalies explaining the abdominal pain. However, an angio-CT scan revealed pelvic venous congestion due to LRV compression, consistent with NCS.

In the investigation of proteinuria ( lupus versus NCS), daytime and nighttime proteinuria tests were conducted, alongside a kidney biopsy, which confirmed the lupus origin of proteinuria: Stage IIIA lupus nephritis. The patient was treated with corticosteroid pulses (500 mg/day for three days) and Mycophenolate Mofetil (3g/day),leading to significant improvement and resolution of proteinuria.

Discussion:

This case highlights the diagnostic challenge of distinguishing lupus nephritis from proteinuria due to NCS. While lupus nephritis results from immune-mediated glomerular damage, NCS can exacerbate renal dysfunction through increased venous pressure. A thorough assessment, including imaging and renal biopsy, is crucial for accurate diagnosis and treatment

Conclusion:

NCS is a rare condition to consider in cases of unexplained abdominal pain in young individuals, especially when associated with proteinuria and/or hematuria. Management depends on the severity of symptoms and may involve either observation or surgical treatment.