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Letter to Editor

# Esophageal Motor Dysfunction and Aperistalsis in Systemic Lupus Erythematosus: An Under-Recognized Manifestation With Important Clinical Implications

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## Dear Editor,

Systemic lupus erythematosus (SLE) is considered a multisystem autoimmune disorder with manifestations ranging from neuropsychiatric and ophthalmic involvement to severe cardiopulmonary complications.[1-3] Despite this broad spectrum, gastrointestinal abnormalities, particularly esophageal motor dysfunction (EMD), is insufficiently emphasized in routine clinical practices. Notably, recent motility studies indicate that 20–35% of patients with SLE demonstrate esophageal dysmotility; however, reported prevalence varies considerably depending on diagnostic methods, criteria, and patient selection, underscoring the heterogeneity of existing evidence.[4-6]

EMD in SLE has a spectrum of abnormalities, including hypoperistalsis, ineffective esophageal motility, isolated lower esophageal sphincter (LES) hypotension, and complete aperistalsis. The proposed mechanisms (e.g., immune-mediated smooth muscle injury, autonomic dysfunction, and microvascular ischemia) primarily stem from small observational studies, with limited high-level evidence supporting any single explanation.[7-8]

Compared with barium swallow or endoscopy, high-resolution manometry (HRM) offers the quantitative characterization of motility patterns, including distal contractile integral, peristaltic reserve, LES pressure, and integrated relaxation pressure.[6,9] Findings related to SLE commonly include low distal contractile integral, impaired contractile integrity, and LES hypotension. HRM should be considered in patients with persistent dysphagia, refractory reflux symptoms, or disproportionate clinical-endoscopic findings.

Management of EMD and aperistalsis in SLE requires individualized strategies. Evidence for prokinetics is variable, and reports of immunosuppressive benefits are limited to case reports and small cohorts. Thus, long-term monitoring is essential due to different risks, such as aspiration pneumonia, malnutrition, and quality-of-life decline. Moreover, further investigation is required to investigate whether EMD correlates with overall disease activity.[7,10]

In summary, esophageal motor impairment is an under-recognized yet clinically significant manifestation of SLE. Increased awareness and appropriate diagnostic evaluation, particularly with HRM, may improve patient outcomes. Accordingly, prospective studies are needed to clarify its prevalence, mechanisms, and long-term implications.

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Data will be available from the corresponding author upon reasonable request.

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## Consent for publication

Not applicable.

## References


1. Ebrahimi A, Hajialiloo M, Tahsini Tekantapeh S, Vakilipour P, Ebrahimi Chaharom F. Systemic lupus erythematosus presenting with homonymous hemianopia. Rheumatol Autoimmun. 2024;4(2):129-30. doi: 10.1002/rai2.12108
2. Ebrahimi A, Ebrahimi Chaharom F, Vakilipour P, Tahsini Tekantapeh S. A neuropsychiatric systemic lupus erythematosus presenting with acute confusional state: a case report. Med J Tabriz Univ Med Sci. 2024:46:1-8. doi: 10.34172/mj.025.33626
3. Kavandi D, Alikhani M, Tahsini Tekantapeh S. New onset systemic lupus erythematosus presenting with massive pericardial effusion: a case report. Rheumatol Res. 2020;5(2):81-6. doi: 10.22631/rr.2020.69997.1095
4. Haque S, Bruce IN. Gastrointestinal manifestations of systemic lupus erythematosus. Rheumatology. 2019;58(8):1223-34.
5. García-Carrasco M, Mendoza-Pinto C, Autrán-Limón MA, Herrera Robles E, Méndez Martínez S, Etchegaray Morales I, et al. Prevalence of functional gastrointestinal disorders in adults with systemic lupus erythematosus. Lupus. 2018;27(5):788-93. doi: 10.1177/0961203317747718.
6. Hegazy A, Aleidan F, AlShammari S, Alhindi R, Bashir S. Esophageal Dysmotility Disorder and Dysphagia as Initial Manifestations of Lupus. Cureus. 2023;15(10):e46874. doi: 10.7759/cureus.46874.
7. Chan KM, Wong RS. Autonomic dysfunction in systemic lupus erythematosus. Semin Arthritis Rheum. 2017;47(4):512-21.
8. Wang Y, Fang X, Wang Q. Pathophysiology of esophageal dysmotility in connective tissue diseases. World J Gastroenterol. 2021;27(14):1280-94.
9. Roman S, Kahrilas PJ. High-resolution manometry: indications and findings in clinical practice. Neurogastroenterol Motil. 2018;30(1):e13218.
10. Cohen SA, Reynolds JA, Bruce IN. The gastrointestinal tract in SLE: clinical considerations and treatment. Curr Rheumatol Rep. 2022;24(4):203-12.