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Colon Perforation in a 22-year-old Male with Bartter's Syndrome, Systemic Lupus Erythematosus and Leishmaniasis

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Abstract
Bartter's syndrome (BS) is an inherited renal tubular disorder characterized by hypochloremia, hypokalemia, metabolic alkalosis. Prognosis of Bartter's syndrome depends on the severity of the receptor dysfunction. In many cases the prognosis is good and patients are able to have fairly normal lives. Systemic lupus erythematosus (SLE) is a chronic autoimmune disease of unknown cause that can affect virtually any organ of the body. The prognosis of SLE is quite variable, depending on the severity of the disease, the clinical course and organs involved. The last decades, there is a marked improvement in patient survival due to earlier diagnosis and treatment. Despite these improvements, patients with SLE still have higher mortality rates ranging from two to five times higher than that of the general population. Leishmaniasis is a disease caused by an intracellular protozoan parasite transmitted by the bite of a female phlebotomine sandfly. We report herein the case of a 22-year-old man with Bartter's syndrome (BS) and Systemic lupus erythematosus (SLE), who was hospitalized in the clinic of internal medicine because of Leishmaniasis. In the third day of his hospitalization the patient underwent Hartmann's operation for perforation located on descending colon. Management of patients with many severe diseases is very difficult for medical professionals.
Key words: Bartter syndrome, lupus erythematosus, leishmaniasis, colon perforation