

Case Report

Henoch-Schönlein purpura with small bowel haemorrhage in an adultMini P. N¹, T.M. Anoop², Gayathri Gopan³, Bhavya S Kumar⁴¹Assistant Professor, Department of Dermatology, Sree Gokulam Medical College Thiruvananthapuram²Assistant professor, Department of Medical Oncology, Regional Cancer Centre, Thiruvananthapuram^{3,4}Senior Resident, Department of Medical Oncology, Regional cancer Centre, Thiruvananthapuram***Corresponding author**

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Abstract: Henoch-Schönlein purpura is a small vessel vasculitis with multi-system manifestations that commonly affects children. Here we report a case Henoch-Schönlein purpura presenting with abdominal haemorrhage in an elderly lady.

Keywords: Henoch-Schönlein purpura

INTRODUCTION

Henoch-Schönlein purpura (HSP) is a small vessel leukocytoclastic vasculitis that typically presents in childhood with a slight male preponderance. Bowel angina-diffuse abdominal pain, worse after meals, or the diagnosis of bowel ischemia, usually including bloody diarrhea are the GI manifestations of HSP. It is very rare in Adult.

CASE REPORT

A 60 year old lady presented with severe abdominal pain, malena and vomiting of one week duration. Abdominal pain was colicky in nature and aggravated with food intake. On examination, the patient had multiple palpable purpuric lesions predominantly involving the lower limbs and few on the upper limbs (Fig-1) and trunk. Per abdominal examination showed diffuse tenderness with no rigidity, guarding or rebound tenderness. Endoscopy revealed diffuse ulcerations in the stomach and duodenum. Computer tomography of abdomen showed small bowel loops with diffuse bowel wall hemorrhage and oedema. (Fig-2). Renal function tests were normal. Skin biopsy from purpuric lesion revealed leukocytoclastic vasculitis with superficial dermal perivascular inflammatory infiltrates composed predominantly of neutrophils. Direct immunofluorescence showed IgA and minimal C3 deposits in the upper dermal vessels (Fig-3). IgG, IgM and C1q were negative. A diagnosis of diffuse small bowel wall hemorrhage secondary to Henoch schonlein purpura (HSP) was made. Patient was managed conservatively with rest and oral prednisolone 60 mg daily. After one week, abdominal

symptoms and rash resolved completely. Patient was put on tapering dose of oral steroids for 6 more weeks.



Fig-1: Palpable purpuric lesions involving the upper limbs



Fig-2: Computer tomography of abdomen showing small bowel loops with diffuse bowel wall hemorrhage and oedema.

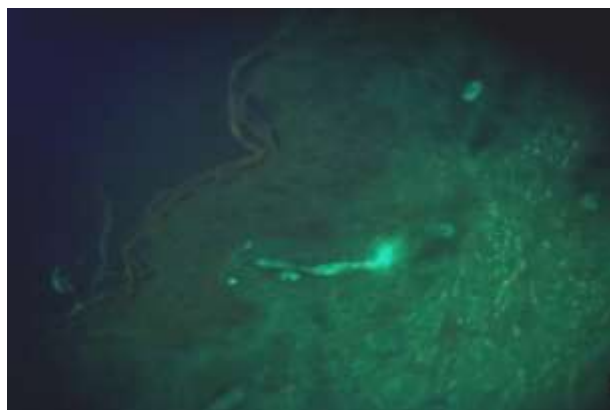


Fig-3: Direct immunofluorescence showing IgA and minimal C3 deposits in the upper dermal vessels

DISCUSSION

Henoch-Schonlein purpura (HSP) is a self-limited immune complex small vessel vasculitis with multi organ involvement [1]. American College of Rheumatology published diagnostic criteria for HSP. These included (1) Palpable purpura-slightly raised "palpable" hemorrhagic skin lesions, not related to thrombocytopenia; (2) Age less than 20 at disease onset-patient 20 years or younger at onset of first symptoms; (3) Bowel angina-diffuse abdominal pain, worse after meals, or the diagnosis of bowel ischemia, usually including bloody diarrhea; and (4) Wall granulocytes on biopsy-histologic changes showing granulocytes in the walls of arterioles or venules. A patient shall be said to have Henoch-Schonlein purpura if at least 2 of these 4 criteria are present. The presence of any 2 or more criteria yields a sensitivity of 87.1% and a specificity of 87.7%.

Abdominal symptoms precede the typical purpuric rash of HSP in 14-36%. Symptoms may mimic an acute surgical abdomen and result in unnecessary

laparotomy. Gastrointestinal symptoms are secondary to vasculitis involving the splanchnic circulation (mesenteric vasculitis) and rarely intussusception (ileoileal), ischemic necrosis of the bowel wall, intestinal perforation or massive gastrointestinal bleeding can occur [2]. HSP is a clinical diagnosis, but when the presentation is atypical, tissue biopsy may be helpful [3]. Leukocytoclastic vasculitis involving the upper and middle layers of the dermis with IgA deposits on immunofluorescence is characteristic of HSP.

Typically, supportive therapy and judicious hydration form the mainstay of treatment for Henoch-Schonlein purpura. Corticosteroids administered during the acute phase help to ameliorate the symptoms of severe abdominal pain, arthralgia. Randomised, double-blind, placebo-controlled study confirmed that prednisolone in a dose of 1 mg/kg a day for 2 weeks, then tapered for 2 weeks decreased the intensity and severity of gastrointestinal symptoms.

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