Severe Intestinal Lesions and Neuropathy Associated with Henoch-Schonlein Purpura

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An 82-year-old previously healthy woman was referred to our hospital with a 2-week history of left knee arthritis, edema and palpable purpura on her legs (Picture 1). A biopsy of the skin revealed leukocytoclastic vasculitis with IgA deposition (Picture 2). Thereafter, she began to experience severe abdominal pain, and melena appeared on hospital day 3. An endoscopic examination revealed a diffuse area of erythematous, friable mucosa with ulcerations in the descending part of the duodenum (Picture 3), terminal ileum and cecum (Picture 4). Her findings were negative for anti-neutrophil cytoplasmic antibody (ANCA). There was no evidence of any lung or renal involvement. She was diagnosed with Henoch-Schonlein purpura (HSP) according to the previously reported classification criteria (1, 2). Her symptoms subsided with the administration of an oral steroid therapy. However, on hospital day 10, she developed mononeuritis...
multiplex of her left median and right ulnar nerve. Intravenous cyclophosphamide therapy was initiated, but her neurological symptoms persisted. Although a neurological involvement with HSP is very rare, this condition has been reported previously in patients who also have massive abdominal lesions (3).

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References