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JPGN

CASE IMAGE

Endoscopy and Procedures

Gastrointestinal involvement in Henoch–Schönlein purpura

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abdominal pain, bleeding, melena, rash

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A 10-year-old girl with no comorbidities presented to our unit with lumbar pain, fatigue, nausea, and vomiting for 10 days. Blood tests revealed neutrophilic leukocytosis (white blood cell count 20,080/μL) and elevated C-reactive protein (85 mg/L). Computed tomography revealed a thickened bowel wall in the duodenum and first jejunal loop. Celiac serology, immunoglobulins, immune system markers, and stool microbiology were negative, and clotting, thyroid, renal, and liver functions were within range. Due to ongoing nausea and an episode of melena, an esophagogastroduodenoscopy (EGD) was performed, showing mucosal congestion with shallow ulcerations in the descending duodenum extending to the jejunum, causing luminal narrowing (Figure 1).

After 2 days, a cutaneous rash appeared on her legs, buttocks, and elbows (Figure 2). Intravenous therapy with corticosteroids (methylprednisolone 1 mg/kg) was started in the suspicion of vasculitis, with prompt clinical improvement and reduction in inflammatory markers.

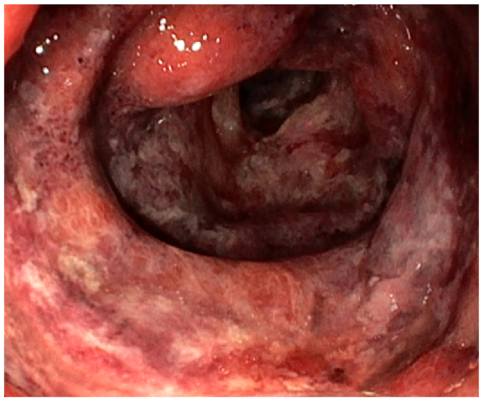

FIGURE 1 Mucosal congestion with shallow ulcerations in the descending duodenum.

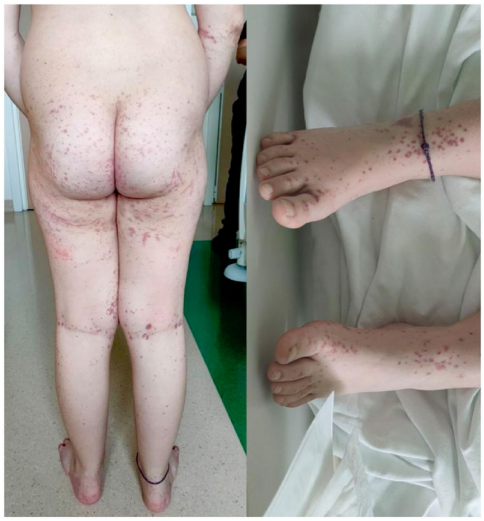

FIGURE 2 Cutaneous rash on the lower part of the body and the elbow.

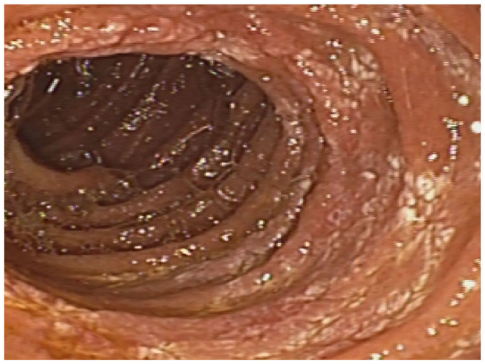

FIGURE 4 Mucosal regeneration with ulcer healing in the descending duodenum.

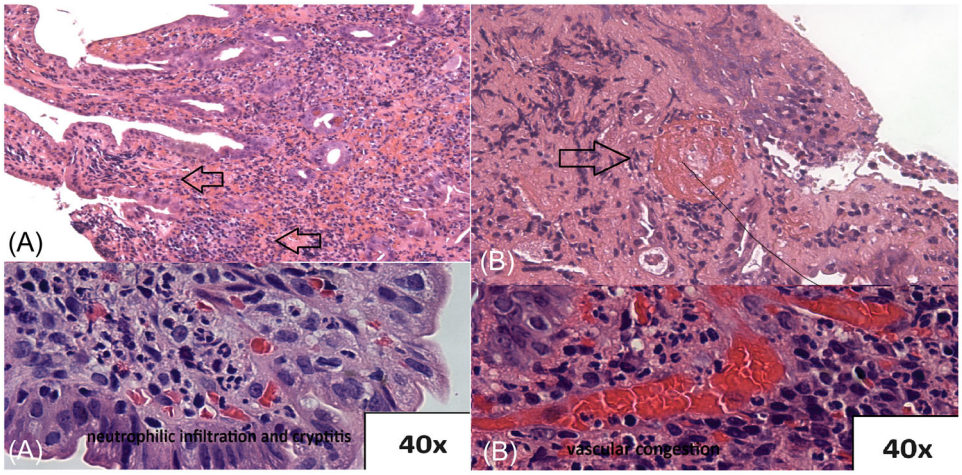

FIGURE 3 Duodenal biopsies (hematoxylin and eosin) showing neutrophilic infiltration (A), cryptitis (A), and capillary thrombosis (B).

Histopathology examination of duodenal biopsies revealed neutrophilic infiltration, cryptitis (Figure 3A), and focal capillary thrombosis (Figure 3B), compatible with Henoch–Schönlein purpura (HSP).

A follow-up EGD performed 2 weeks later, revealed ulcer healing with mucosal regeneration in the affected areas (Figure 4). At the 2-month follow-up, the girl was asymptomatic.

HSP is the most common vasculitis in children, potentially impacting the skin, gastrointestinal tract, joints, and kidneys.[1] Typically, the characteristic rash is the primary manifestation, but sometimes duodenojejunal inflammation and potential intussusception may present initially; therefore, HSP should be considered on the differential for abdominal pain.[2] Although HSP is generally self-limiting,[3] corticosteroids should be considered in complex cases.

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The authors have nothing to report.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

ETHICS STATEMENT

The subject's parents are aware of the intent to publish and have agreed to it. Written parents' consent has been received and archived.

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