# Henoch-Schönlein purpura with major gastrointestinal involvement

## Purpura de Henoch-Schönlein con gran compromiso gastrointestinal

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***Dear Editor:***

Henoch-Schönlein purpura (HSP) is an IgA vasculitis of small vessels manifested by purpura, abdominal pain, articular and renal involvement [1-3]. This was first described by Edouard Heinrich Henoch and Johann Lakas Schönlein [3]. With 20 cases/ 100,000 children/ year, the estimated incidence in adults is 11.5 times lower than in children [1-3]. However, clinical manifestations are more ominous in the group of older patients [1-3]. Worthy of note, the low number of studies including adults with HSP may hinder the establishment of protocols about management guidelines for this patients' age group [1]. The relatively benign course of HSP in children contrasts with that among elderly, and younger patients improve with steroids, immunosuppressant's or plasmapheresis [1-3].

We have read the recent interesting article by Shah R et al. about severe gastrointestinal involvement in a 48-year-old male with diagnosis of HSP by renal biopsy findings [1]. This invasive procedure was also performed because the skin biopsy was nonspecific. Cutaneous, articular and abdominal manifestations were indicative of HSP, and there was anemia, hypoalbuminemia, proteinuria, hematuria, cylindruria, and renal failure [1]. The authors emphasized the presence of hematemesis and melena due to inflammatory scattered lesions in esophageal, duodenal and colorectal mucosa, in addition to ascites [1]. They highlighted the lack of response to cyclophosphamide and methylprednisolone, and the improvement of gastrointestinal bleeding and renal failure by plasmapheresis [1]. The conclusion was about the need of studies about the best therapy for HSP in adults [1].

In this setting, one should add comments of Peruvian and Brazilian reports on HSP. Chacaltana Mendoza described a Peruvian 12-year-old-boy with palpable purpura in lower limbs, oval/circular duodenal plaques and erosions, abdominal pain and hematemesis; the improvement was fast with intravenous and oral steroid schedule [2]. The patient did not have rheumatologic nor urinary or renal associated disturbances. The typical histopathologic picture consistent with HSP is leukocytoclastic vasculitis, which it is hardly found in superficial biopsies performed in the gastrointestinal wall [2]. Although gastroduodenal biopsies were nonspecific, the diagnosis of HSP was based on: 1) age younger than 20 years; 2) palpable purpura; 3) abdominal pain and digestive bleeding; and the duodenal erythematous circular plaques and irregular ulcerations [2]. The author commented that gastrointestinal manifestations occurs in 85% of cases, small bowel is more often affected, and intestinal bleeding occurs in 24% of patients [2].If associated with the above cited criteria, the diagnosis of HSP can be characterized [2]. The patient underwent intravenous and oral steroid schedule with rapid improvement [2].

Brazilian authors described a 50-year-old male with HSP in immediate postoperative phase of prostatic hypertrophy and utilization of antimicrobial, NSAID, and analgesic [2]. Clinical features were symmetric palpable purpura in lower limbs, headache, postural instability, hypertension, and tachycardia [2]. He did not have articular involvement. Abdominal pain with images of parietal thickening in small bowel loops occurred concomitantly with the phase of complete disappearance of purpuric rash in the skin. There was mild anemia, leukocytosis, hematuria, hemoglobinuria, and proteinuria, but the rest of laboratory evaluations were unremarkable, including immunology panel [3]. Differing from the other adult patient, there were neither articular nor renal changes; and similarly, to the young patient he rapidly improved with exclusive

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corticosteroid [3]. The authors commented the yet unclear pathogenesis of HSP, the role of autoantibodies, activated B-cells, drug-effects, infections, insect bites, food allergy, and vaccines [3]. They also discussed the central nervous system disorders rarely described in HSP, and the role of early diagnosis and prompt beginning of treatment on the prognosis [3].

As a whole, the content of the herein analyzed manuscripts can be of practical usefulness by enhancing the suspicion index about the less common features of HSP.

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