College of Human Medicine
MICHIGAN STATE UNIVERSITY

Abdominal pain, Arthralgia, and Purpura: Recognizing Adult-Onset Henoch-Schönlein Purpura

Max Scholl, MS3 & David Calderhead, MD
Department of Internal Medicine, Corewell Health Grand Rapids, Michigan

Introduction

Henoch-Schönlein purpura (HSP) is a small vessel vasculitis caused by deposits of IgA immune complexes in blood vessel walls. It classically presents as arthralgia, abdominal pain, and purpura. While most common in children, adult-onset HSP is rare and often presents with atypical presentations. The gastrointestinal involvement can mimic intra-abdominal processes such as enteritis which can lead to diagnostic uncertainty.[1]

Case Description (CD)

This case involves a 19-year-old male with a past medical history of exercise-induiced asthma who presented to the emergency department (ED) with a one week history of diffuse abdominal pain pain, worsening rash, and severe joint pain.

Despite a 3-day course of Prednisone, the palpable purpuric rash did not improve and continued to spread proximally from his bilateral ankles to just distal to the knees including his bilateral forearms. There was no involvement of the trunk. He denied itching or burning associated with the rash along with fever, neck or back pain.

CRP and Sed Rate Westergren were mildly elevated at 17.6 and 36 respectively. WBC was elevated at 16.6, hemoglobin was normal at 15.6, and platelets were normal at 372. IgA level was elevated at 362. Procalcitonin and lactic acid were negative. Coagulation studioes along with urine protein/creatinine were normal. Computed tomography (CT) of the abdomen/pelvis showed fluid filled loops of mildly prominent small bowel concerning for enteritis versus ileus.

CD Continued

The patient had concerning signs for enteritis and high suspicion for HSP in the setting of colicky abdominal pain, new onset extremity rash, and joint pain. He was initiated on a 3-day course of IV Solumedrol followed by an oral Prednisone taper with eventual resolution of his symptoms.

Clinical Diagram

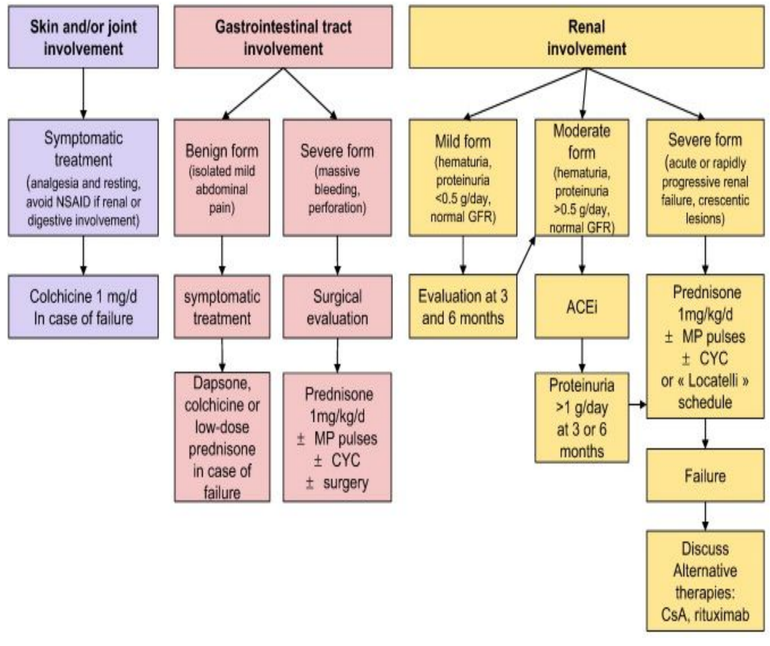


Figure 1: Treatment algorithm for HSP[2]

Discussion

This case is unique for the atypical presentation of adult-onset HSP with prominent gastrointestinal findings which can mimic enteritis.

In the absence of fever, reassuring laboratory results, and non-toxic appearance, bacterial infection was less likely. This underscores the importance of early clinical awareness recognizing the triad of abdominal pain, palpable purpura, and joint pain to prevent unnecessary diagnostic and possible surgical interventions. Although the patient lacked signs of renal involvement, close outpatient follow up is essential to monitor for delayed renal decline.

Clinicians should maintain HSP on the differential diagnosis in patients with compatible systemic symptoms as early diagnosis and treatment with corticosteroids or other immunosuppressants can lead to rapid resolution of symptoms.[3]

References

1. Harris BW, Maxfield L, Hunter A, et al. Worldwide distribution and extracutaneous manifestations of Henoch-Schönlein purpura in adults: narrative review. *JMIR Dermatology*. 2024; 7.
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3. Maritati F, Canzian A, Fenaroli P, et al. Adult-onset IgA vasculitis (Henoch-Schönlein purpura): update on therapy. *La Presse Medicale*. 2020; 49 (3).