



EDİTÖRE MEKTUP / LETTER TO THE EDITOR

Could intussusception be the first manifestation of Henoch-Schonlein purpura?

Intussusepsiyon Henoch-Schonlein purpurası'nın ilk tezahürü olabilir mi?

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To the Editor,

Henoch-Schonlein purpura is the most common vasculitis of childhood^{1,2}. Immunoglobulin-A accumulates in the small vessels of the skin, joints, gastrointestinal tract, and kidney. The involvement of the skin in the form of palpable purpuric rash is usually the first finding and mainly shows on the lower extremities and buttocks. Gastrointestinal system complaints usually occur one week after the purpuric rash. These complaints may be vomiting, severe abdominal pain, severe bleeding from concealed blood in the stool to massive hemorrhage, or findings of intestinal obstruction^{1,2}.

Subcutaneous edema is a common finding in HSP which seen especially in hands, ankles, and feet³. Our case was first operated on with clinical signs of invagination, and skin findings emerged a few days after the operation.

A 6-year-old male patient without the previously known disease admitted to emergency service with intermittent abdominal pain for the last 10 days. Abdominal CT was taken since the result of the abdominal USG, which is made on the patient with 2-3 days of increasing abdominal pain was not enlightening enough. The abdominal CT had revealed gastric dilatation, extensive distension in the small intestine, and asymmetric mucosal edema in the rectosigmoid region. When the patient applied to us, there was mild distension, tenderness, and rebound

on the abdominal examination. In the last abdominal USG, 8 cm intussusception was detected at the left lower quadrant. In operation, jejunojunal of about 10 cm and ileoileal reduction of 5 cm gut segment were performed. 200 cc of the reaction fluid was aspirated. On the third postoperative day, the scalp edema has begun to occur. Purpuric rash on the upper-lower extremities, and the gluteal region has begun 4 hours later the scalp edema. The patient's C3 complement, Ig-A, CRP, sedimentation, and the other tests results were normal. Symptoms have gotten better thanks to methylprednisolone therapy. There was no problem with the controls.

Henoch-Schönlein purpura; the etiology is not fully known, mainly the skin, joints, gastrointestinal tract, kidneys, and more rarely other organs are affected. HSP is a leukocytoclastic vasculitis of small vessels^{2,4}. HSP is an acute vasculitis with a good prognosis that is often seen in children². It is thought that the disease emerged as a consequence of the immune complex mechanisms triggered by many different antigenic stimuli⁵.

It is more commonly seen in autumn and winter. Many patients in the childhood age group and after infectious disease support that they may be an infectious agent in etiology⁶. There is no definitive test to diagnose this disease. The diagnosis is based on some criterias. Skin involvement, a sign of

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involvement of small vessels, is usually palpable purpura and is almost universally seen in patients².

This rash can localize to the weight-bearing areas of the body, such as the hip and lower extremities, and can also hold hands, feet, scalp, ear burs and scrotum by the range of 20-40%^{1,2}.

In young children, HSP may appear as edema and purpura on the face and head. Skin lesions are clustered, lasting 5 days to 4 weeks, angioedema can occur before the rash on the skin of the perineal region and extremities². In our patient, angioedema has occurred before the purpuric rash.

Arthritis or arthralgia is the second most common clinical manifestation of HSP and is seen in 60-84% of all cases^{2,7}. There was no arthritis or arthralgia at first, but the pain in the wrists was noted after discharge. Renal involvement in HSP is overall prognosis is good. There is no kidney involvement in our case. Gastrointestinal involvement is seen in 50-75% of patients². Colic-like abdominal pain, vomiting, nausea, and gastrointestinal bleeding are the main symptoms. The major complications of gastrointestinal system involvement are massive bleeding, perforation, and intussusception⁶. Abdominal pain can occur before the rash of 10-15% of patients². The appearance of gastrointestinal involvement prior to skin manifestation may mimic some inflammatory or surgical intestinal diseases. Intussusception, one of the rare serious complications of HSP, is seen in 1-5%².

Idiopathic intussusception is usually ileocolic, whereas intussusception in HSP is seen at the ileoileal region at 65% of the cases. Abdominal ultrasonography, which is a noninvasive method of showing gastrointestinal system involvement in HSP, is particularly recommended.

Thickening dilatation, hypomotility, and intramural hemorrhage in the intestinal wall can be shown with USG⁸. Childhood cases in which duodenojejunal lesion is not accompanied by skin findings have been reported in the literature².

Segmental thickening of the small intestinal wall with abdominal CT is interpreted as vasculitis⁸. Abdominal CT was performed in the external center of our patient. Abdominal CT did not have a suspicion of segmental involvement. HSP was not suspected. USG was taken in our emergency department and it was diagnosed by us. Laboratory findings in HSP are not specific and have no

diagnostic value, but it is useful for differential diagnosis⁷. In some studies, mild elevations in acute phase reactants and C3 and IgA have been reported in children with HSP^{1,2}. Our laboratory findings were normal.

In HSP, treatment is supportive. Good feeding adequate and appropriate hydration, analgesia is recommended. Findings of joints respond well to nonsteroidal anti-inflammatory drugs. Severe abdominal pain, life-threatening bleeding, obstruction, steroid treatment in the presence of intussusception are recommended for gastrointestinal involvement¹.

The patient received appropriate hydration. After the rash was seen, steroid treatment was started and a definite clinical diagnosis was made. Other than our case, there was only one case reported with firstly applied with intussusception in the literature⁹.

HSP is the most common vasculitis of the childhood period. Usually, first findings are skin lesions. Our patient firstly had intussusception and after then the skin lesions have appeared. HSP should also be kept in mind if similar symptoms develop in the postoperative period, especially in the patient who was operated on for ileal intussusception. Otherwise, wrong treatment and results will be inevitable.

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