Anaphylactoid Purpura

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13yrs/male , Resident of Kamptee Presented with Chief Complaints of intermittent, Fever oe 20 days, Pain in abdomen: 14 days& associated vomiting 3 to 4/day & episode of severe abdominal pain,. Rash over both lower limbs of 12 days durarion. No h/o bleeding PR/oral or mucosal.

His physical exam revealed Palpable non pruritic, purpuric rash over lower limbs and buttocks.Oral exam.showed mildly congested throat & no other abnormality.Abdominal exam depicted tenderness in right hypochondrium with guarding but no rigidity : Liver was palpable 2cm below costal margin & non tender, Spleen was not palpable. Respiratory & cardiovascular System did not reveal any abnormality: No focal neurological deficit was observed.

With these findings diagnosis of Henosch Schonlein Purpura (HSP) was entertained. He was investigated . His Hb was10 gm% TLC-5000/mm3 DLC showed neutrophils 80%,L:15%,E-3%, M-2% Platelet count **2 lakhs/mm3 .**PS revealed Mild hypochromia.

ESR was 50mmat 1 hr.Liver enzymes &serum Bilirubin was normal.

Serum Protein: T-6.9 gm/dl, Albumin - 3.2 gm/dl Renal functions were normal.Urinary findings showed albumin in trace& no RBCs .CHEST X ray was: Normal.

Ultrasonography abdomen demonstrated mild hepatomegaly, with thickening of bowel loops in right illiac fossa likely due to submucosal haemorrhage causing subacute intestinal obstruction with minimal free fluid in abdomen .

Patient was put on adequet doses of steroids.After giving steroids, patient improved symptomatically, rash disappeared, abdominal pain subsided and patient was discharged from the hospital after 2 weeks.Repeat abdominal ultrasonography was normal.

ACR criteria for Diagnosis of Henosch Schonlein Purpura (HSP) :

(1) Palpable purpura :-slightly raised papable hemorrhagic lesion,not associated with thrombocytopenia,

(2) Age < 20 years ,

(3) Bowel Angina:-abdominal pain worse after meals (due to intestinal wall schemia),

(4) Histology changes showing granulocytes in the arterioles or venules {At Least 2 criteria need to be present.)

Discussion:-

In this case this patient satisfied first 3 criteria with typical skin rash, normal platelets and raised ESR.Hence we kept the diagnosis of HSP. Patient was started on steroids his symptoms improved and rash disappeared. HSP is a systemic vasculitis (inflammation of blood vessels) and is characterized by deposition of immune complexes containing the antibody IgA and small vessels involvement usually following pharyngitis.Patients needs monitoring regarding renal involvement.

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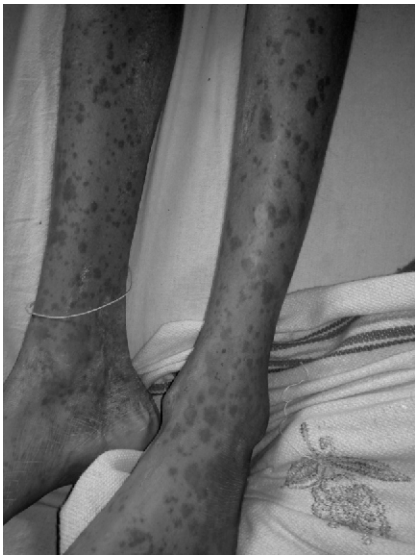
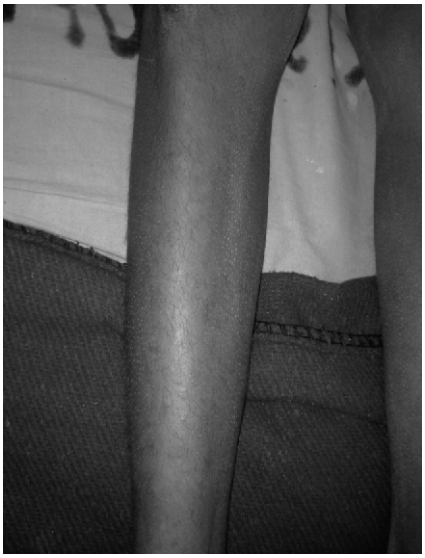


(photograph on Day 2nd of admission)



(after 7 days of Steroid treatment, shows disappearance of rash)

References:

1) **Henoch-Schönlein Purpura (HSP), ACR Criteria :**Mills JA, Michel BA, Bloch DA, Calabrese LH, Hunder GG, Arend WP, et al.The American College of Rheumatology 1990 criteria for the classification of Henoch-Schönlein purpura.Arthritis Rheum 1990;33:1114-21.

2) **An Unusual Case of Henoch-Schönlein Purpura,** *Vasantha Kamath, V Leelavathi, Veena, Pradeep Shenoy JAPI Aug 2010:vol 58;500-502*