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Image of Interest

# Endoscopic appearance of Henoch-Schönlein purpura

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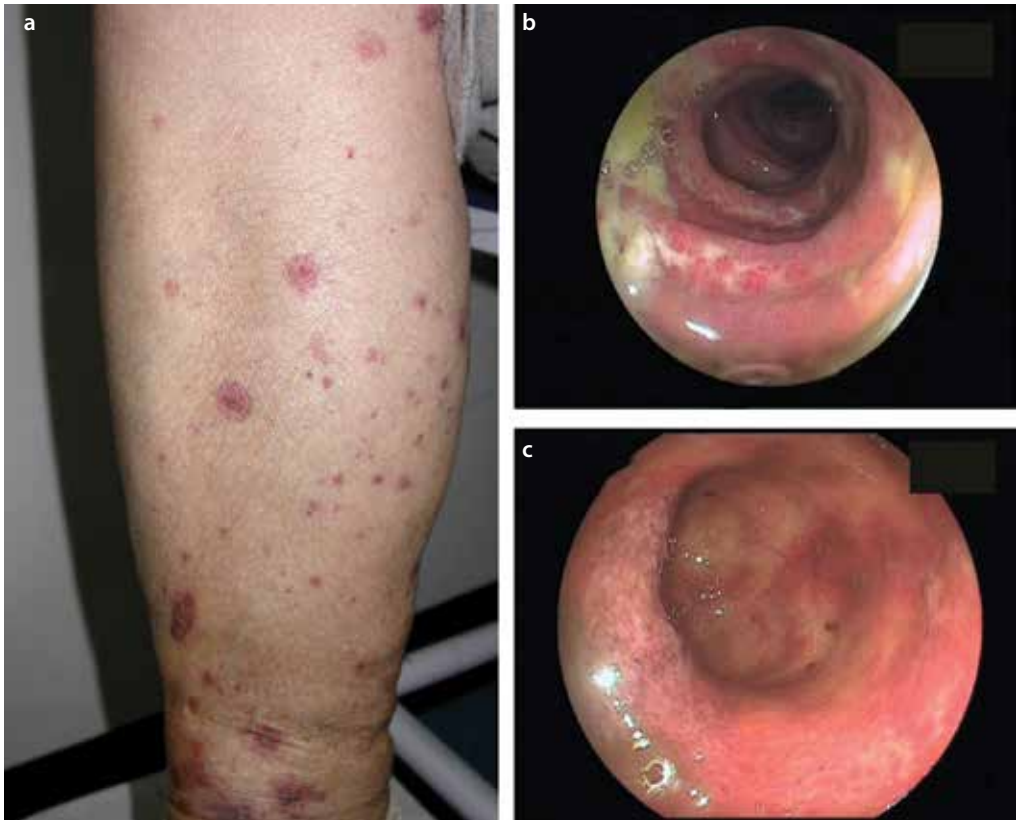


An 81 year-old man presented to the emergency room with a history of fever, abdominal pain and bloody diarrhea. One week before his admission, he developed a skin rash on the lower extremities and buttocks and arthralgia in his knees and ankles. His medical history was unremarkable except for hypertension and a self-limited upper respiratory tract infection approximately one week before the onset of his complaints. Physical examination revealed diffuse abdominal rebound tenderness and palpable purpuric lesions predominantly on the lower extremities (Figure 1a). Laboratory investigations revealed a C-reactive protein of 77 mg/L, white blood cell count of 7,100/mm$^3$, and platelet count of 66,000/mm$^3$. His serum creatinine level was 1.9 mg/dL and the 24-hour urinary protein excretion was 4.2 g/day. Serological tests for anti-nuclear antibodies and anti-neutrophil cytoplasmic antibodies were negative and complement levels were within the normal range. Upper gastrointestinal tract endoscopy and colonoscopy revealed hyperaemic and ecchymotic lesions with irregular erosions and ulcerations at the level of the gastric mucosa, duodenum (Figure 1b), and sigmoid colon (Figure 1c). The skin biopsy showed a leukocytoclastic vasculitis with the deposition of IgA compatible with the diagnosis of Henoch-Schönlein purpura. During treatment with prednisone, skin and mucosal lesions disappeared but the patient developed sepsis and died, despite intensive antibiotic therapy.

**Informed Consent:** Written informed consent was obtained from patients who participated in this study.

**Peer-review:** Externally peer-reviewed.

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