

## CLINICAL IMAGE

### Henoch–Schönlein purpura with preceding abdominal pain

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#### Funding Information

No sources of funding were declared for this study.

Received: 21 December 2014; Accepted: 20 February 2015

*Clinical Case Reports* 2015; 3(6): 513–514

doi: 10.1002/ccr3.248

A 4-year-old boy was admitted to our hospital with severe abdominal pain and vomiting lasting for 3 days; no purpura was noted on admission. The patient was diagnosed with infectious enterocolitis and dehydration. After 3 days of hospitalization, blood tests showed hypoalbuminemia, hypokalemia, and an elevated D-dimer level, while the

#### Key Clinical Message

Diagnosing HSP can be difficult, especially when abdominal symptoms precede the onset of characteristic palpable purpura (Chen MJ et al. 2005, *World Gastroenterol.*, 11, 2354). Therefore, it is necessary to consider the possibility of HSP in patients with prolonged strong abdominal pain, even in cases without purpura.

#### Keywords

Endoscopy, Henoch–Schönlein purpura, preceding abdominal pain.

factor XIII level had fallen to 26%. Furthermore, ultrasonography (Fig. 1) and computed tomography (Fig. 2) revealed thickening of the duodenal and jejunal walls, while upper gastrointestinal endoscopy (Fig. 3) showed hemorrhagic-erosive lesions in the descending duodenum [1]. The patient was, therefore, diagnosed with Henoch–Schönlein purpura without purpura, and

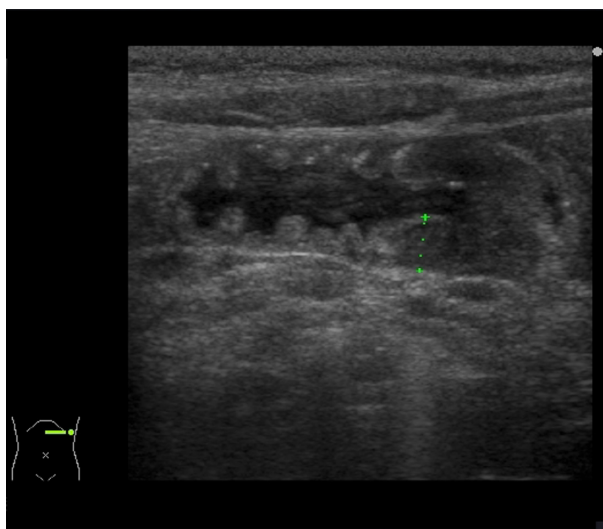


Figure 1. Abdominal ultrasound image findings.

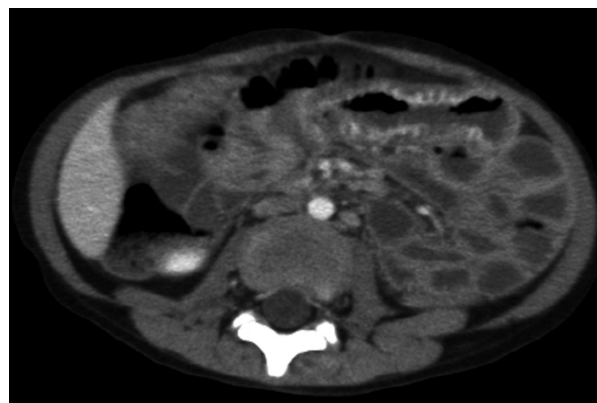
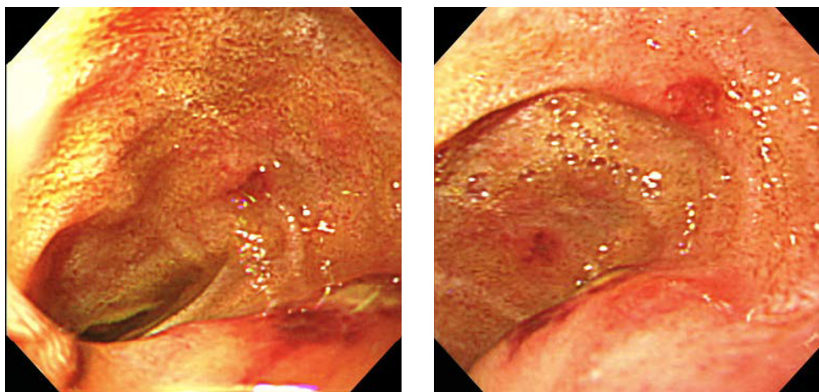


Figure 2. Abdominal computed tomography imaging axial view findings.



**Figure 3.** Upper gastrointestinal endoscopy findings.

corticosteroid therapy was initiated, which immediately improved his abdominal symptoms.

### **Conflict of Interest**

None declared.

### **Reference**

1. Chen, M. J., T. E. Wang, W. H. Chang, S. J. Tsai, and W. S. Liao. 2005. Endoscopic findings in a patient with Henoch-Schönlein purpura. *World Gastroenterol.* 11:2354–2356.