INTERNAL MEDICINE

□ PICTURES IN CLINICAL MEDICINE □

Duodenal Ulcer - IgA Vasculitis

Kazuaki Fukushima and Naoki Yanagisawa

Key words: IgA vasculitis, Henoch-Schönlein purpura, leukocytoclastic vasculitis, duodenal ulcer

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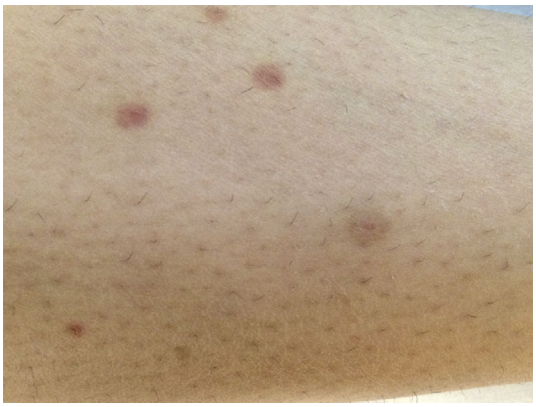
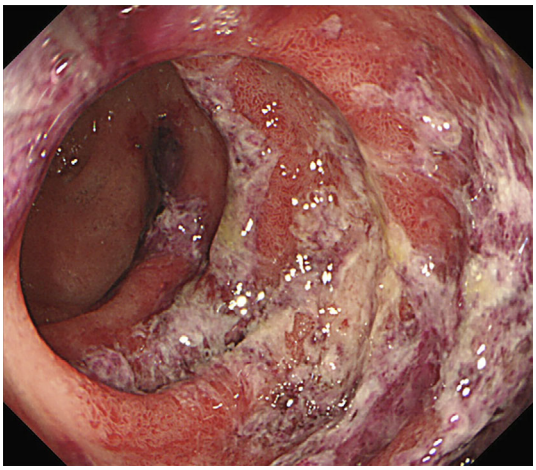
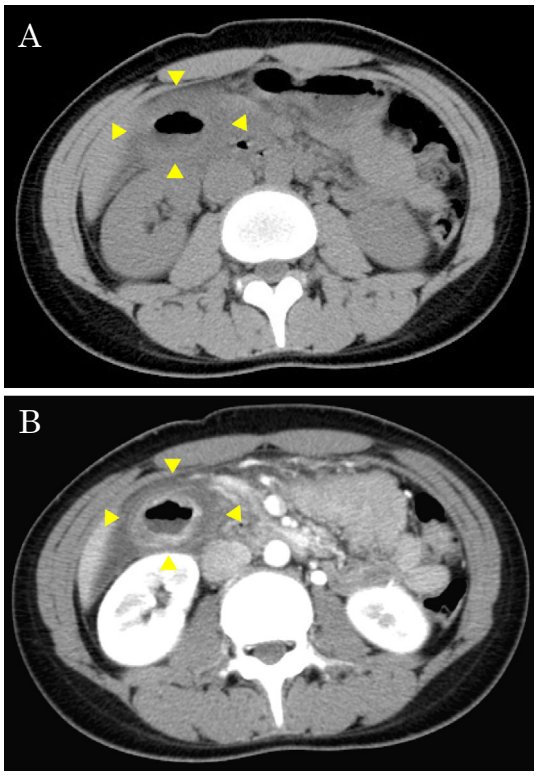


Picture 1.



Picture 3.



Picture 2.

An 18-year-old woman was admitted for severe abdominal pain which had started 3 days prior to presentation. She had returned from Thailand nine days before symptom onset and noticed a mild fever and sore throat that disappeared spontaneously. A physical examination showed epigastric abdominal pain and a few symmetrically-distributed, palpable purpura in the lower extremities (Picture 1). A blood test revealed elevated number of white blood cells but no thrombocytopenia or serum creatinine elevation. Urinalysis revealed slight hematuria. Computed tomography showed diffuse thickening of the duodenal wall (Picture 2); esophagogastroduodenoscopy revealed a duodenal ulcer with severe mucosal inflammation (Picture 3). Biopsy specimens from the duodenum and the skin rash both revealed leukocytoclastic vasculitis, compatible with IgA vasculitis (Henoch-Schönlein purpura; HSP). Gastrointestinal complaints may be the initial manifestation of HSP, making the diagnosis difficult (1, 2). However, prudent history taking and a careful physical examination may provide important clues for making a correct diagnosis. In addition, clinicians should be

Department of Infectious Diseases, Tokyo Metropolitan Komagome Hospital, Japan
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Correspondence to Dr. Naoki Yanagisawa, naokiy-97@umin.ac.jp

aware that a travel history does not necessarily mean that the etiology is an infectious disease.

The authors state that they have no Conflict of Interest (COI).

References

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