Received: 5 October 2022 | Revised: 25 October 2022 | Accepted: 3 November 2022

DOI: 10.1002/emp2.12862

JACEP OPEN
JOURNAL OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS OPEN
A GLOBAL JOURNAL OF EMERGENCY MEDICINE
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General Medicine

Adult female with rash and abdominal pain

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This work was not presented at any meetings.

KEYWORDS
dermatology, glomerulonephritis, hematology, purpura, vasculitis

1 | CASE PRESENTATION

A 58-year-old female with a history of type 2 diabetes presented to the emergency department with a rash and abdominal pain. She noticed the rash 5 days earlier on her lower extremities, and it was now progressing upwards to her chest and back. She also reported abdominal discomfort and bright red blood per rectum. Inspection of the rash (Figure 1) revealed palpable purpura, erythematous violaceous macules, hemorrhagic vesicles, and bullae. Her complete blood count and coagulation studies were at baseline. The basic metabolic profile was notable for creatine of 3.5. Computed tomography of the abdomen and pelvis was concerning for enteritis.

FIGURE 1 Purpura to bilateral lower extremities.

2 | DIAGNOSIS

2.1 | Henoch-Schonlein purpura

The patient was admitted with rheumatology, dermatology, and nephrology consults. Skin biopsy showed leukocytoclastic vasculitis and elevated antistreptolysin O titers. Renal biopsy revealed IgA deposition. The patient was treated with intravenous methylprednisolone.

Henoch-Schonlein purpura is an IgA vasculitis. Rarely encountered in adults, it primarily affects children. Recent studies suggest <10% of cases are diagnosed in the adult population, often associated with worsened renal outcomes as seen in this case.[1–3] The classic tetrad of symptoms includes palpable purpura, arthralgias, abdominal pain, and glomerulonephritis. Diagnosis is largely clinical, but skin and renal biopsy can reveal leukocytoclastic vasculitis with IgA deposition.[4] IgA vasculitis spontaneously resolves in 94% of children and 89% of adults, making supportive care the mainstay of treatment.[5] However, in the case of renal involvement randomized trials have demonstrated success with high-dose steroids, mycophenolate, and cyclosporine, but it is important to note that steroids do not prevent complications.[5]

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How to cite this article: Hadderton L, Edgar JW, Bloom AD. Adult female with rash and abdominal pain. *JACEP Open*. 2022;3:e12862. https://doi.org/10.1002/emp2.12862