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ACUTE GASTROINTESTINAL HEMORRHAGE IN A 5-YEAR-OLD BOY WITH IMMUNOGLOBULIN A VASCULITIS

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BACKGROUND

Immunoglobulin A vasculitis (IgAV), also called Henoch-Schönlein Purpura, is a leukocytoclastic vasculitis affecting more commonly the pediatric age group. The onset is often acute and involves different organs and systems, such as skin, gastrointestinal tract, joints and kidneys. Gastrointestinal disease occur in approximately 2/3 of children and is usually mild, but can be severe causing even death.

CASE REPORT

A five-year-old boy was admitted in the emergency room (ER). In the admission, he presented with petechial rash in lower limbs and buttocks, right ankle edema associated with small ulcerated lesion on right ankle. A diagnosis of cellulitis was made and oxacillin and ibuprofen were started. Two days later, the child presented worsening of the purpuric lesions and moderate diffuse abdominal pain, and after the pediatric rheumatologist's evaluation, the diagnosis of IgVA was given. Oxacillin was discontinued, ibuprofen maintained and ranitidine started due to the abdominal manifestation. Platelets count, urinary sediment and abdominal ultrasonography were normal. After five days, the patient was discharged. One week later, the child was admitted to ER with severe abdominal pain and hematemesis. An upper gastrointestinal endoscopy (EGD) was performed and showed duodenal ulcer without active bleeding and erosive bulboduodenitis, he was then transferred to ICU where received intravenous methylprednisolone (2mg/kg/day) for 5 days, being discharged after 10 days asymptomatic. After seven days, the patient returned with new episode of massive hematemesis and hematochezia, in addition to severe abdominal pain and purpuric lesions. A new EGD showed healed duodenal ulcer, suggesting that the cause of bleeding was due to intestinal vasculitis. Re-admitted to ICU, he received intravenous pulse therapy with methylprednisolone (30mg/kg/day) for 3 days with regressions of all symptoms after treatment, no other immunosupressive therapy was required.

CONCLUSION

Gastrointestinal symptoms range from mild to more severe findings, including life-threatening conditions, such as gastrointestinal hemorrhage, bowel ischemia and necrosis, intussusception and bowel perforation. Severe gastrointestinal manifestations although rare, can lead to death and requires immediate recognition and treatment with intravenous glucocorticoids.