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HENOCH-SCHONLEIN PURPURA (HSP) ASSOCIATED WITH SECONDARY INFECTION IN A YOUNG PATIENT

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BACKGROUND

HSP is a vasculitis with a predominance of small vessels associated with deposits of immune complexes. It is more common in childhood, predominantly in boys, but up to 10% of cases are recorded in adults. Mainly associated to hyperproduction of IgA after infection of upper airways, Streptococcal infections, Varicella, hepatitis B, Mycoplasma and drugs such as Penicillin and Erythromycin. The onset of the disease is usually acute, with abdominal pain, arthritis, ascendant purpuric skin lesions. Usually benign and self-limiting, but recurrence is common in the first year.

CASE REPORT

Male, 19 years old, gypsy, smoker of cigarette and marijuana, alcoholic and used cocaine. Reported odynophagia for 10 days later, followed by fever (40ºC), purpuric blisters on legs (gravitational character) with signs of secondary infection (figure 1), polyarthritis, leg swelling and foamy urine. Laboratory with ESR 60, negative lupus anticoagulant, normal complement, increased seric IgA, 24-hour urinary protein of 674.2mg, serologies for HIV, VDRL, Hepatitis B and negatives. Skin biopsy showed leukocytoclastic vasculitis with IgA deposition. Initiated treatment with antibiotics and immunosuppressors with significant improvement of the clinical condition, however due to the patient's socioeconomic condition did not continue the outpatient follow-up.

CONCLUSION

HSP or IgA vasculitis is a small vessel vasculitis whose diagnosis is clinical and must present at least two of the following criteria: non-thrombocytopenic palpable purpura; age <20 years at the onset of illness; intestinal angina; biopsy showing granulocytes on the walls of arterioles or venules. The biopsy adds one more criterion for the diagnosis demonstrating leukocytoclastic vasculitis, it is known that the IF has greater sensitivity to reveal the deposition of IgA in the vessels, if performed within 48 hours of the onset of the disease, this is because, after this period the immunocomplexes are removed or destroyed from the vessel wall. Usually the disease manifests itself in a benign and self-limited way, especially when the treatment is performed early and adequately, but recurrence is common in the first year of disease.