

SUCCESSFUL TREATMENT WITH CORTICOSTEROID OF INTESTINAL OBSTRUCTION DUE TO HENOC-SCHÖNLEIN PURPURA*

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Henoch-Schönlein purpura, or the Schönlein-Henoch syndrome, is a generalized vascular disorder resulting from acute aseptic vasculitis involving arterioles and capillaries. The latter term has been adopted by some because Schönlein described the arthritic component 30 years before Henoch described the associated features and because the typical purpura may be absent at the time of presentation¹. Henoch-Schönlein is a vasculitis of unknown origin. Although a definite allergen is rarely identified, there are many theories concerning its relation to hypersensitivity to food, infection and drugs²⁻⁸. This disorder can be observed in any age group but is most frequently found in patients between the ages of six months and seven years. It is more common in male patients. The clinical symptoms of the syndrome are usually a hemorrhagic, maculopapular rash in recurrent crops which characteristically involves the buttocks and extensor surfaces of the legs and arms. Other features are recurrent colicky abdominal pain, arthralgia, renal involvement, edema and neurological complications. Colicky abdominal pain is common and often mimics an acute abdomen, causing a diagnostic problem when the rash is absent⁹. Although there is widespread agreement that corticosteroids can have a beneficial effect on gastrointestinal involvement, no treatment has proved to have any effect on the course of the illness¹⁰.

This report presents the case of a child with Henoch-Schönlein purpura and ileus who responded dramatically to corticosteroid treatment.

Case Report

A nine-year-old girl was admitted to the Cumhuriyet University Hospital in Sivas because of bile-stained vomiting, abdominal cramps and pain, failure to pass stools and rashes on the knees, elbows and buttocks. She complained of swelling and pain in her knees and ankles 13 days before admission. The abdominal pain had

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reportedly gradually increased, and the skin rashes had been observed in the last few days. She had failed to pass stools and had been vomiting for 2 days. There had been no history of jaundice, melena, use of medications or fever.

Her temperature was 36.8°C, pulse 81/min, respiration 24/min and blood pressure 110/70 mmHg.

Physical examination revealed a dehydrated and lethargic child. There were purpuric rashes on the knees, buttocks and elbows. The joints were tender and the knees and elbows edematous. There was abdominal tenderness with rigidity, and no mass was felt. Bowel sounds were decreased, and rectal examination was normal.

Laboratory findings. Urinalysis was normal, Hb 12 gm/dl, WBC: 12500 mg/mm³ with 60 percent neutrophils, 36 percent lymphocytes, 4 percent eosinophils. The blood urea nitrogen was 24 mg/dl, sodium 107 mEq/l (Normal: 135-145 mEq/l), potassium 6 mEq/l, chloride 75 mEq/l. The throat culture yielded no pathogenic organism. Radiological examination of the abdomen revealed multiple air-fluid levels (Figure 1). A biopsy specimen of the involved skin revealed vasculitis, mainly affecting the small arteries.

Dehydration and electrolyte deficits were treated by appropriate fluid therapy. 2 mg/kg/day of prednisolone was administered intravenously. 24 hours after the treatment, the control film as well as the clinical condition of the patient showed improvement and she began to pass stools (Figure 2). The patient was discharged on the fourth day after admission without any complication.

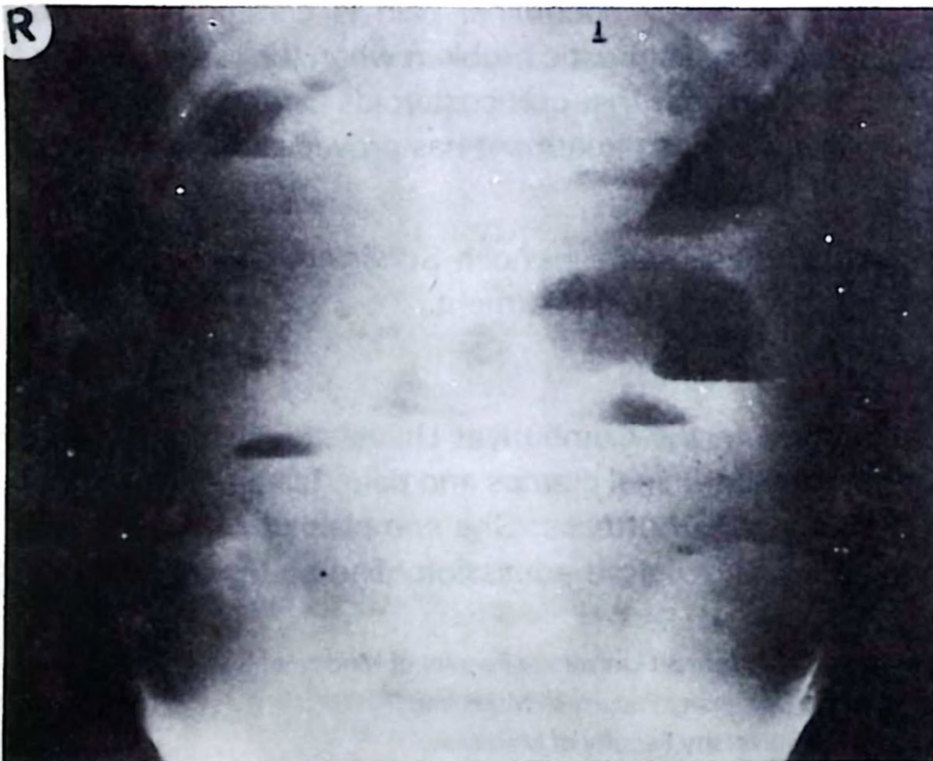


Figure 1

The patient's abdominal x-ray upon admission to the hospital.

Figure 2
The control
film after
treatment.



Discussion

The presentation of Henoch-Schönlein purpura can vary a great deal, and only some of the clinical features may be present either initially or throughout the illness. The diagnosis presents no difficulty when the typical skin rash is present; but the isolated occurrence of arthritis, abdominal pain or hematuria can create a diagnostic problem. Our patient revealed typical rashes, associated with the unusual complication of ileus.

The radiographic changes of the small bowel and colon due to Henoch-Schönlein purpura are well known¹¹⁻¹² and thought to be related to edema and intramural bleeding. Since there was not any abdominal mass in our case and rectal examination was normal the intestinal obstruction was probably due to Henoch-Schönlein purpura. We have not encountered any case in the literature where the patient recovered from ileus due to Henoch-Schönlein purpura after corticosteroid treatment, but in our case, the clinical and gastrointestinal findings improved without complication.

Summary

An unusual case of Henoch-Schönlein purpura with ileus, where the patient responded dramatically to corticosteroid treatment, is presented.

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