

Introduction

Henoch-Schönlein purpura (HSP) is a form of generalized vasculitis involving the small vessels of the skin, gastrointestinal tract and the kidneys. The colicky abdominal pain is the most common presentation. More than 90% of patients occur before the age of 10 years.¹ Intussusception is a very rare complication present in about 1.3 to 13.6% of children with HSP.²

Case Report

We reported a case of 5 years old girl with underlying HSP, presented again to emergency department with complaint of abdominal pain for 2 days duration. It was colicky in nature and pain most severe at umbilical region. Most of the time she had to bend forward to relieve the pain. She also had multiple episodes of vomiting and reduced oral intake. On examination, she was afebrile and hemodynamically was stable. On abdominal examination revealed soft, non-distended, but tender at periumbilical region with sluggish bowel sound. Other systems were unremarkable. Patient was admitted to paediatric ward with impression of HSP with intussusception.

Her blood and urine examinations were normal findings. She went for urgent ultrasound abdomen. There was presence of target sign (Figure 1) and pseudo kidney sign (Figure 2) at right iliac fossa suggestive of intussusception. Multiple small bowel loops dilatation with thickened wall noted, maximum thickness of 3.7mm (Figure 3). Free fluid noted at both paracolic gutter and pelvic region (Figure 4). These findings suggestive of small bowel intussusception likely ileoileal intussusception. Patient went for hydrostatic reduction but procedure abandoned due to presence of leakage. Thus, she had been managed conservatively with closed monitoring in PHDU and was treated with systemic corticosteroid and syrup ibuprofen. Her colicky abdominal pain was completely resolved on day 3 of admission.



Figure 1

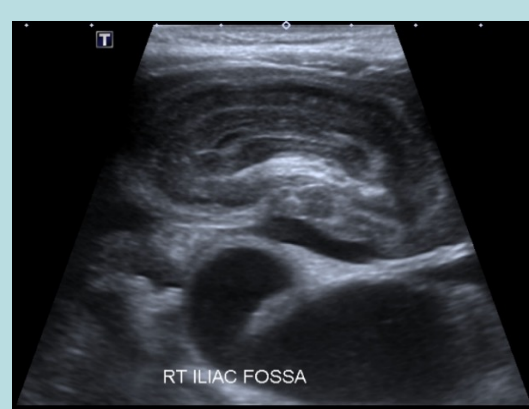


Figure 2

Target sign (Figure 1) and pseudo kidney sign (Figure 2) noted at right iliac fossa suggestive of intussusception.

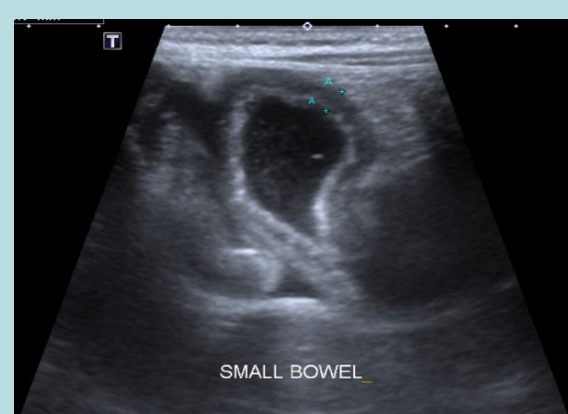


Figure 3

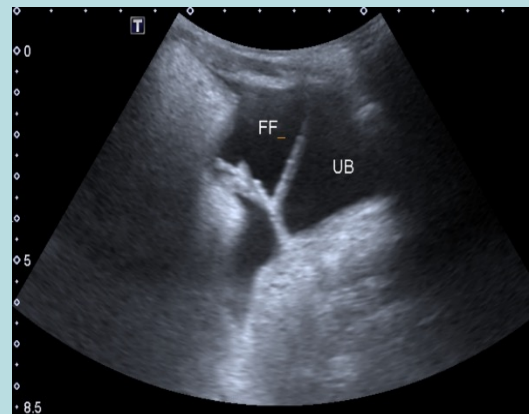


Figure 4

Multiple small bowel loops dilatation with thickened wall noted, maximum thickness of 3.7mm (Figure 3). Free fluid noted at both paracolic gutter and pelvic region (Figure 4).

Discussion

HSP is a common vasculitis typically affected children between the ages of 3 and 10 years. Abdominal pain is a frequent symptom in the child with HSP. The common cause of abdominal pain is gastrointestinal bleeding and intussusception.³ Intussusception was confirmed with ultrasonography. Patients with HSP with bowel involvement may show bowel dilatation, hypomotility, bowel wall thickening, and transient small bowel intussusception. The sites of intussusception in HSP are most frequently ileoileal (51.4%), ileocolic (38.6%) and jejunojejunal (7%).⁴ Ultrasound also effective in spontaneous reduction of intussusception. Surgical intervention is only required with non-reducible intussusception, spontaneous reduction of ileoileal intussusception for over 24 hours or intestinal perforation.⁵ The conservative management with corticosteroid for HSP patient with abdominal pain, showed significant reducing incidence of intussusception to occur.⁶

Conclusion

In conclusion, for patient diagnosed with HSP presented to emergency department with persistent abdominal pain, we should raise suspicion of intussusception. Thus, clinical evaluation complement with abdominal ultrasonography is recommended for early diagnosis and management of HSP with intussusception.

Acknowledgement

We would like to thank patient and her parents for their permission and consent to report this case and use the radiological image for educational purpose.

Declaration of conflict for all authors

The authors declare that there is no conflict of interest.

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