

**PP92 HENOCH-SCHÖNLEIN  
PURPURA WITH  
INTUSSUSCEPTION: A CASE  
REPORT**

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Henoch-Schönlein purpura (HSP) is a form of generalized vasculitis and colicky abdominal pain is the most common presentation. Intussusception is a very rare complication present in about 1.3 to 13.6% of children with HSP. (Choong & Beasley 1998).

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 pediatric ward with impression of HSP with intussusception.

Her blood and urine examinations were normal findings. She went for urgent ultrasound abdomen and findings were presence of small bowel intussusception likely ileoileal intussusception. However, hydrostatic reduction was failed with presence of leakage. Post procedure, abdominal pain improving and patient was closely monitored in ward for the recurrent symptom.

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. According to Hu et al, the cause of abdominal pain is gastrointestinal bleeding and intussusception. Intussusception was confirmed with ultrasonography.(Hu et al. 1991).The sites of intussusception in HSP are most frequently ileoileal (51.4%), ileocolic (38.6%) and jejunojejunal (7%). 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.

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.

Key words: Henoch-Schönlein purpura, abdominal pain, intussusception