

## HENOCH-SCHONLEIN PURPURA ASSOCIATED WITH ACUTE WATERY DIARRHOEA

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### ABSTRACT

We describe the case of a 10-year-old girl admitted to a paediatric department with the clinical diagnosis of Henoch-Schonlein purpura (HSP). Symptoms on admission included a petechial rash on the lower limbs, abdominal pain, vomiting and loose motions with mucus. Abdominal pain and sigmoidoscopy suggested edematous bowel loops in left illiac fossa. The severity of cardiac, gastrointestinal, renal and skin involvement made the initial diagnosis of HSP.

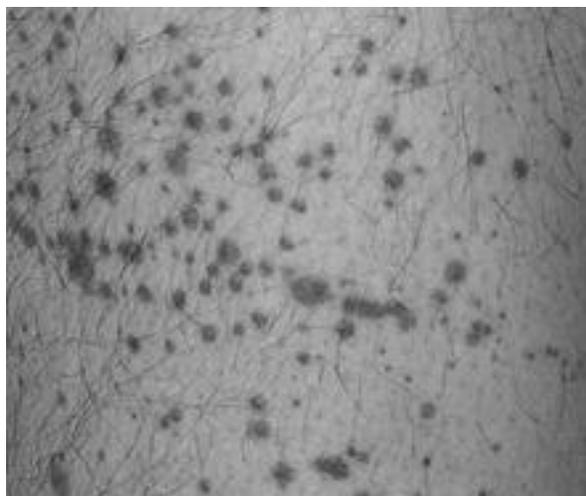
### INTRODUCTION

Henoch-Schonlein purpura (HSP) is familiar in children and can entail several organs such as gastrointestinal (GI) tract, kidneys, skin and joints. HSP frequently occurs between 3 and 15 years of age. Abdominal pain with HSP is frequent. Children with HSP may even manifest with intorsion of the bowel. We aim to hoist alertness of the potential overlap in symptoms at initial presentation.<sup>[1-3]</sup>

### CASE PRESENTATION

A 10-year-old girl was transferred to the paediatric department after she has been diagnosed with HSP. The primary diagnosis had been made clinically on the petechial rash and abdominal pain. The girl has no medical or family history of consequence. On

admission, she was tachycardic with severe abdominal pain and loose motions. The petechial rash (figure-1) was persistent; her abdomen was soft and non-tender. Full blood count and biochemical profile were ordinary, urea and creatinine was within ordinary limits. The effective diagnosis of HSP was adopted on the basis of history taken together with the rash and abdominal pain seemed characteristic. Started medical treatment with oral prednisolone (10 mg once a day), Clobetasol Propionate Cream (0.05% twice a day) and chewable vitamin-C (500 mg once a day). Antihistaminic drug was initiated for petechial rashes. Sigmoidoscopy showed edematous bowel loops in left illiac fossa to rule out colitis.



**Figure-1: Petechial rash over the lower extremities**

## DISCUSSION

HSP is common in children, with an incidence of about 1:10,000. It manifests as a purpura of the lower extremities, joint pain, GI and renal symptoms. Non-specific abdominal pain is common in children with HSP and often leads to surgical review. The abdominal complication requiring surgical intervention in HSP is intussusception (location is illiac region, and more common in children

>3 years of age). The organs mainly affected are skin, renal and GI tract. [4-6] The case we report above is atypical, because the girl initial presentation was indicative of HSP.

## CONCLUSION

Henoch-Schonlein purpura (HSP) is common in childhood and present with extraordinary severity and generalization of symptoms. The prognosis is outstanding; supportive care necessitate for most patients.

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