Abstract

Henoch-Schönlein purpura (HSP) is a systemic vasculitis which is also called IgA vasculitis. It is a systemic, nongranulomatous, autoimmune, small vessel vasculitis, which causes multi-organ involvement. HSP occurs mainly during cold seasons which can explain its association with respiratory tract infections. Mild disease can resolve spontaneously where symptomatic treatment is recommended. Steroids are used for disease of moderate to severe intensity. Prognosis of this disease depends on renal involvement and other multiorgan involvement and appropriate treatment can limit harm.

In this case, I present a 44-year-old female patient who developed HSP after an upper respiratory tract infection. She developed a palpable erythematous maculopapular rash in the lower limbs and buttocks which then spread to affect the trunk and upper limbs. She also developed joint pains involving both the upper and lower limbs and back. She then developed a colicky type of abdominal pain followed by vomiting. There wasn't a history of malena or loose stools. She did not have any other bleeding manifestations like haematuria or features suggestive a bleeding disorder.

As infections are recognized triggers of HSP and as complications can cause significant morbidity and mortality, purpura with multi-organ involvement should make us suspect the diagnosis. Early diagnosis and treatment can help prevent complications, as shown in this case.