Bridging IgA vasculitis gaps – Atypical gastrointestinal manifestation as predictors of relapse

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ABSTRACT

Introduction: IgA vasculitis (IgAV), also known as Henoch–Schönlein purpura (HSP), is the most common systemic vasculitis in children. The diagnosis is made based on the presence of characteristic purpuric lesions in combination with either one of the joint, gastrointestinal, or renal manifestations. Despite having a generally excellent prognosis, 30-40% of the patients experience relapse. During relapse, purpuric lesions typically precede the other systemic symptoms that tend to manifest with a milder severity compared to the initial presentation. We report a case with atypical presentation of lgAV relapse. **Case Description:** A 7-year-old boy diagnosed with IgAV, had multiple episodes of relapse in the past three years. He developed severe gastrointestinal symptoms (rectal bleeding, colicky abdominal pain and vomiting) and was treated initially as gastritis. The diagnosis of lgAV relapse had only become evident 12 days later, after the appearance of purpuric rashes. His symptoms were unusually more severe during the relapses. **Discussion:** The presence of severe gastrointestinal manifestations without the characteristic purpuric rashes makes lgAV relapse more challenging to diagnose. This case report serves as an addition to literature where early recognition of these symptoms can act as a good indicator to diagnose IgAV relapse. High index of suspicion among the clinicians is important as delay in establishing the diagnosis may subsequently compromise further clinical outcomes.