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Case Report

Atypical presentation of Henoch–Schönlein purpura in a paediatric patient initially presenting as gastroenteritis and lymphadenopathy

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ABSTRACT

Henoch–Schönlein purpura (HSP) is the most common small-vessel vasculitis in children and is classically characterized by palpable purpura, arthritis, and gastrointestinal involvement. However, atypical or temporally delayed presentations may lead to diagnostic uncertainty. We report the case of a 6-year-old girl who initially presented with epigastric pain, high-grade fever, and abdominal lymphadenopathy suggestive of gastroenteritis. After initial improvement and discharge, she re-presented with knee arthritis, persistent fever, and subsequently developed palpable purpura. Septic arthritis was excluded, and skin biopsy findings were consistent with vasculitis, confirming the diagnosis of HSP. Treatment with corticosteroids led to rapid clinical improvement. This case highlights the importance of reassessment and clinical vigilance in children with evolving multi system symptoms.

Keywords: Henoch–Schönlein purpura, Paediatric vasculitis, Gastroenteritis mimic, Arthritis, Palpable purpura

INTRODUCTION

Henoch–Schönlein purpura (HSP), also known as IgA vasculitis, is the most common systemic vasculitis in childhood, predominantly affecting children between 3 and 10 years of age.[2] It is characterized by IgA-mediated inflammation of small vessels and typically presents with palpable purpura, arthralgia or arthritis, abdominal pain, and renal involvement.[1,3]

Although the classical presentation is well described, atypical or delayed evolution of symptoms may lead to misdiagnosis or delayed recognition.[4] Gastrointestinal manifestations may precede the appearance of purpura by several days, often mimicking infectious gastroenteritis or surgical abdomen.[5]

We describe a paediatric case in which early gastrointestinal symptoms and lymphadenopathy obscured the diagnosis, with classical manifestations appearing later in the disease course.

CASE REPORT

A 6-year-old female with a one-year history of absence seizures presented with epigastric pain, non-specific abdominal discomfort, diarrhoea, and high-grade fever for two days. Her birth and developmental history were unremarkable. Owing to the severity of symptoms, an abdominal ultrasound was performed, revealing aortic and portal group lymphadenopathy. She was admitted with a provisional diagnosis of gastroenteritis and managed with intravenous antibiotics and fluids. After five days of treatment, her condition improved and she was discharged with advice for outpatient follow-up.

Two days following discharge, the child developed acute swelling of the right knee associated with tenderness, restricted mobility, and recurrence of high-grade fever. On re-admission, intravenous antibiotics were restarted. On the second day of hospitalization, palpable purpuric rashes appeared over the lower limbs, prompting further evaluation (Figure 1).

Orthopaedic assessment, including radiographs, showed no bony pathology (Figure 2). Ultrasound of the right knee revealed mild joint effusion with synovial thickening (Figures 3a and b). Joint aspiration and analysis ruled out septic arthritis. Dermatologic evaluation was undertaken following the appearance of purpura, and a skin punch biopsy from an erythematous lesion on the thigh demonstrated features consistent with vasculitis (Figure 4). Based on the evolving clinical picture and histopathological findings, a diagnosis of HSP was established.

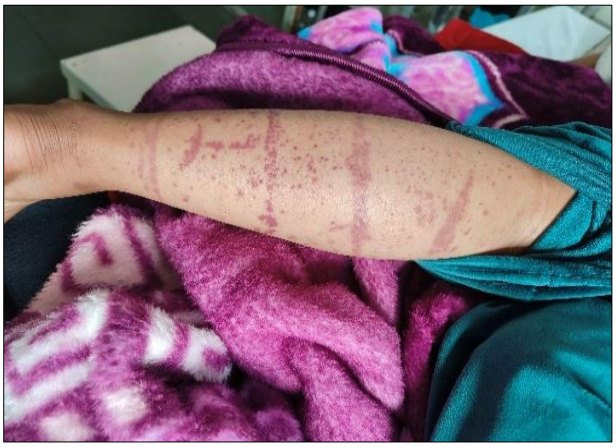

Figure 1: Palpable purpuric rashes over the lower limbs.

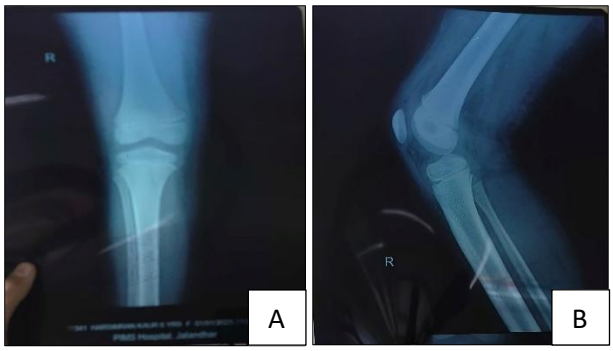

Figure 2 (A and B): Radiographs showed no bony pathology.

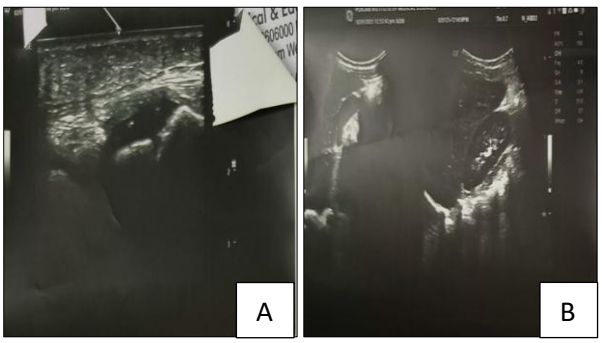

Figure 3 (A and B): Ultrasound of the right knee.

Management and outcome

Following confirmation of the diagnosis, oral prednisone was initiated along with supportive care and analgesics. The patient showed rapid clinical improvement with resolution of fever, reduction in joint swelling, and gradual fading of purpuric lesions. No renal involvement was observed during hospitalization. She was discharged in stable condition with advice for close outpatient follow-up.

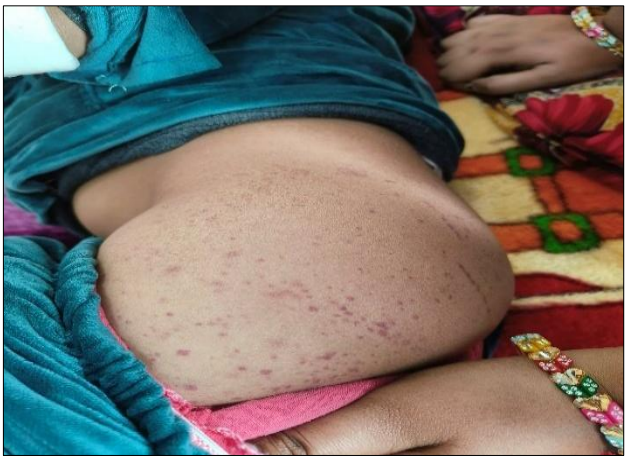

Figure 4: Purpuric rashes over the thigh.

DISCUSSION

HSP, commonly presents with palpable purpura; however, gastrointestinal symptoms may precede skin manifestations in up to 25–30% of cases, leading to diagnostic confusion.[1,6] In the present case, the initial presentation with abdominal pain, fever, and lymphadenopathy suggested an infectious etiology, resulting in delayed recognition of vasculitis. Similar atypical presentations have been reported, where early gastrointestinal involvement masked the underlying diagnosis of HSP.[7]

Musculoskeletal involvement, particularly arthritis of large joints such as the knees, is common in HSP and is typically transient and non-destructive.[8] The presence of fever and joint effusion necessitated exclusion of septic arthritis, a critical differential diagnosis in paediatric patients. Imaging and joint fluid analysis were instrumental in ruling out infection in this case.

The delayed appearance of palpable purpura ultimately provided a key diagnostic clue. Histopathological confirmation through skin biopsy, though not routinely required, was valuable due to the atypical presentation and evolving symptomatology.[9] Corticosteroid therapy is recommended for moderate to severe gastrointestinal or joint involvement and has been shown to reduce symptom duration and improve clinical outcomes.[10] The favourable response to prednisone in this patient supports existing evidence regarding its efficacy.

This case emphasizes the importance of continuous reassessment and a multidisciplinary approach in paediatric patients with evolving multi-system involvement. Awareness of atypical disease progression is essential to prevent diagnostic delay and unnecessary interventions.

CONCLUSION

This report illustrates an atypical presentation of HSP in a child initially managed as gastroenteritis. The delayed emergence of arthritis and purpuric rash highlights the need for a high index of suspicion in children with evolving gastrointestinal and musculoskeletal symptoms. Timely diagnosis and appropriate corticosteroid therapy resulted in a favourable outcome.

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