IgA Vasculitis in an Adult

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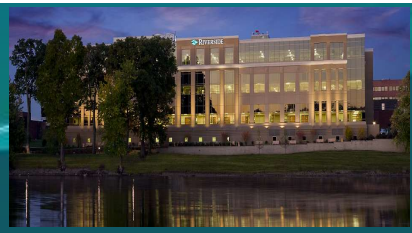

Background

IgA vasculitis, also known as Henoch-Schönlein Purpura, is a systemic, immune-complex mediated reaction, leukocytoclastic small vessel disease. IgA deposits the GI tract, joints, kidneys, and skin. The disease is characterized by palpable purpura, arthritis, and abdominal pain. IgA vasculitis occurs in 3.0 to 26.7 out of 100,000 children and 0.8 to 1.8 out of 100,000 adults.

Case Presentation

We present a 25-year-old female with past medical history of anxiety disorder, MDD, psoriasis who presents with a rash and swelling of her upper and lower extremities as well as arthralgias of her elbows, wrists, and ankles. She also had abdominal cramps, nausea, and poor oral intake. The patient developed a cold 2 weeks prior to symptom onset. The patient was seen by ED staff a week prior and was given IV dexamethasone and oral steroids for concerns for psoriasis flare. She saw an outpatient dermatologist who prescribed a triamcinolone cream for suspected vasculitis. On physical exam, there was notable painful, palpable purpura from the feet up to the thighs bilaterally as well as the extensor surfaces of the upper extremities. There was also bilateral swelling of wrists and ankles with limited range of motion.

Decision-Making

Pertinent lab values revealed the following: WBC 29, PLT 479, ALT 69, AST 73, lactate 3.3, CRP 131. Rheumatological workup revealed C3 186, IgA 363. Histopathology revealed inflammatory infiltration typical of secondary vasculitis. Immunofluorescence assay revealed vascular wall deposition of IgA, C3, and fibrinogen consistent with IgA or HSP. Patient was started on IV methylprednisolone and transitioned to oral steroid taper with improvement in symptoms.

Infections such as Streptococcus, parainfluenza, and Parvovirus B19 can trigger IgA Vasculitis.

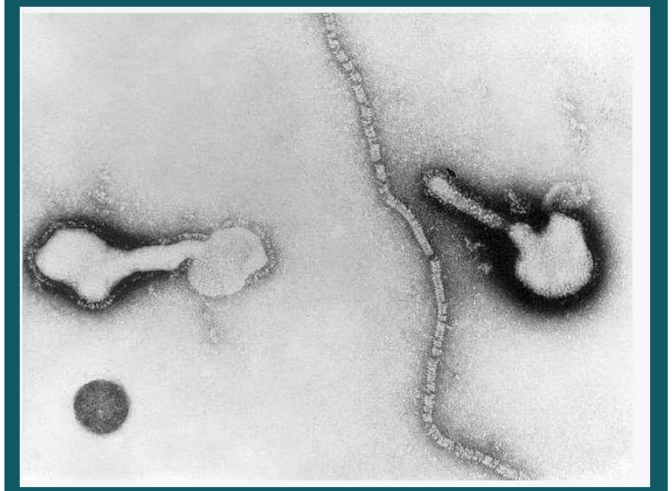

Figure A: Transmission electron micrograph of parainfluenza virus.

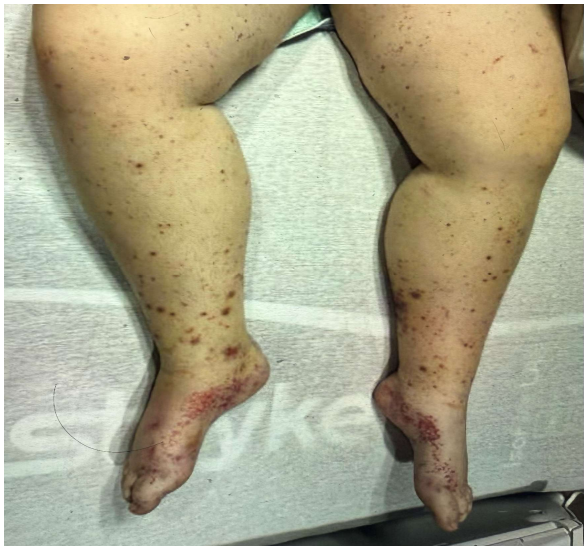

Figure B: Palpable, purpuric rash on lower extremities.

Conclusions

It can be difficult to diagnose IgA vasculitis clinically especially in patients with multiple immunological and rheumatological conditions. However, with the help of skin biopsy and immunofluorescence, it can be easier to diagnose. More studies should be done to better understand how viruses and bacteria lead to the development of IgA vasculitis.

References

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Disclosure Information

Nothing to Disclose