Original Research Paper Dermatology

Henoch Schonlein purpura with concurrent pelviureteric junction obstruction and vesicoureteric junction obstruction: A rare association

Dr. Nitin Sharma	M.S. (General Surgery), M.Ch. (Pediatric Surgery), Assistant Professor, Department of Pediatric Surgery, AIIMS, Raipur
Dr. Naveen Khubchandani	M.S. (General Surgery), senior resident, Department of Trauma emergency, AIIMS, Raipur.
Dr. Tushar Jugjape	M.D. Pediatrics, Associate Professor, Department of pediatrics, AIIMS, Raipur
Dr. M Amin Memon	M.S.(General Surgery), M.Ch.(Pediatric Surgery), Associate Professor, Department of Surgical disciplines, Pt. JNM Medical College, Raipur
Dr. Nitin K Kashyap	M.S.(General Surgery), M.Ch. (CTVS), Assistant Professor, Department of trauma and emergency, AIIMS, Raipur

ABSTRACT Henoch Schonlein purpura is a common dermatological condition which is characterized with palpable skin rashes and other systemic manifestations like purpura, arthralgia, abdominal pain, and bloody stools. It is common in children and young adults. It can rarely manifest with urological manifestations requiring surgical intervention. In this report we are discussing a case of 5 year old child with concurrent PUJO and VUJO which has not previously been reported.

KEYWORDS : Henoch schonlein purpura, Pelviureteric junction obstruction, vesicoureteric junction obstruction, palpable rashes

INTRODUCTION:-

Henoch Schonlein Purpura is an acute, systemic autoimmune vasculitis which usually occurs in young adults and children. Typical symptoms of HSP are purpura, arthralgia, abdominal pain, and bloody stools. Although less common, there are significant urological manifestations associated with HSP. Urological manifestations of HSP involve the kidney, ureter, bladder, prostate, scrotum, testicle, and penis.

Although involvement of ureter is a rare presentation of HSP, but resulting in ureter obstruction and ureteritis. [1] This can occur with HSP or after HSP has resolved. Obstruction is either unilateral or bilateral and may be partial or complete.

Presentation of both Pelviureteric Junction Obstruction (PUJO) and Vesicoureteric junction obstruction (VUJO) in cases of HSP has not been seen. Here we are presenting a case of five years old male child with HSP having concurrent PUJO and VUJO.

CASE REPORT:-

A five year old male presented with recurrent lower abdominal pain. He was operated for concurrent PUJO and VUJO with Double J (DJ) stent in situ on presentation. He had multiple non blanchable purpuric rashes all over the body with non-specific pain in the abdomen since few months. There was no history of any such rashes in the past. He also had the history of passing occasional black colored stool with difficulty in walking due to pain in the joints since last 15 days. On examination there were palpable non-blanchable purpuric spots all over the body (Figure 1) with obvious hypertension, Abdomen was soft on palpation with no tenderness or guarding. Previous operative records suggested that child was diagnosed as PUJO on the basis of pain and investigations for which he underwent Anderson hyne's pyeloplasty with an external stent. There was Doubtful obstruction on the nephrostogram (Figure 2) done before removal of the external stent. He however developed pain in abdomen with an obvious renal lump in the post-operative period suggesting a concurrent vesicoureteric junction obstruction for which he underwent ureteric reimplantation with a DJ stent.

Patient was kept on conservative measures which included control of hypertension using antihypertensives predominantly ACE inhibitors, hydration and analgesics. The purpuric rashes resolved in 15 days and after this Cystoscopy was done and DJ stent was removed. The child have been asymptomatic in the last follow up (6 months) on antihypertensives.

DICUSSION:-

Henoch-Schonlein purpura (HSP) is a disease involving inflammation of small blood vessels. It most commonly occurs in children. The inflammation causes blood vessels in the skin, intestines, kidneys, and joints to start leaking. The main symptom is a rash with numerous small bruises, which have a raised appearance, over the legs or buttocks.

Henoch-Schönlein purpura (HSP)-associated stenosing ureteritis represents a rare complication of the disease which can present with severe manifestations.[1] HSP can rarely present wit VUJO whose early manifestations are generally masked by episodes of nephritis.

The coexistence of obstructions at the proximal and the distal ends of the ureter is rare. Approximately 10% of patients with PUJO are found to have concomitant VUR coincidently, whereas less than 1% of patients with the diagnosis of VUR have simultaneous PUJO.[2] Purpura in HSP is not due to a low platelet count. It is caused by inflammation in blood vessels of the skin. The tetrad of purpura, arthritis, kidney inflammation, and abdominal pain is often observed. Gastrointestinal (GI) symptoms may accompany the onset of HSP or may develop later in the course of disease. The most common such symptom is colicky abdominal pain. GI problems usually follow the onset of rash and joint pain. Arthralgia occur in 60-84% of patients with HSP and are the presenting complaint in approximately 25% of children. The large joints (eg, the knees and ankles) are the ones most commonly involved.[3] Association of Henoch Schonlein purpura with PUJO and VUJO has not been reported. This is probably the first case report having this association.

Figure legend:

Figure 1: Images of palpable rashes in various parts of the body

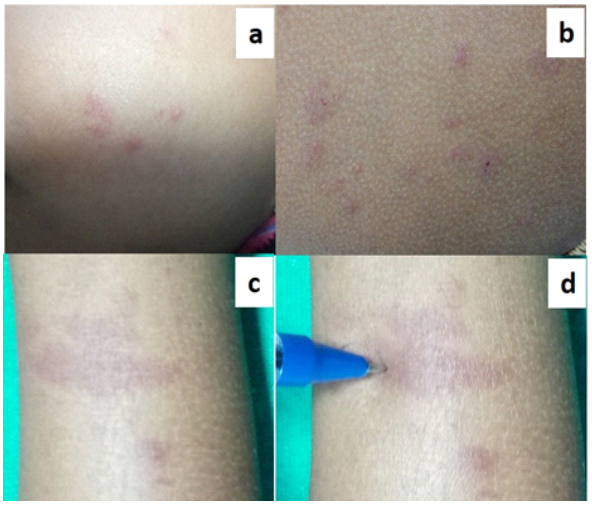
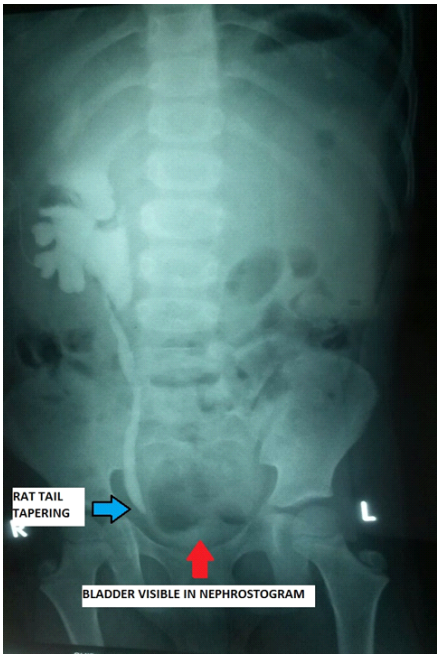


Figure 2: Nephrostogram showing vesicoureteric junction obstruction



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