HENOCH–SCHÖNLEIN PURPURA IN THE ELDERLY: A CASE REPORT

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BACKGROUND

Immunoglobulin A vasculitis (IgAV), called Henoch–Schönlein purpura (HSP), is a leukocytoclastic vasculitis involving small vessels, and it is the most common childhood vasculitis, its onset in adults is uncommon. Clinical presentation includes nonthrombocytopenic palpable purpura, joint pain, renal involvement and abdominal pain.

CASE REPORT

An 82-year-old male patient, affected by hypertension and type 2 diabetes mellitus, presented with a purpuric rash for the last two months. He denied medication changes or recent infections. Multiple palpable purpuric lesions were present on the abdomen, upper and lower limbs. Laboratory studies revealed an acute renal function impairment, with glomerular filtration rate of 30 mL/min per 1.73 m², mild normocytic anemia, normal platelet count, proteinuria in a non-nephrotic range and dysmorphic hematuria. Virological screening tests were negative. ANA and ANCA were negatives. He received IV methylprednisolone 500 mg for 3 days, then 1 mg/kg/day, with an improvement of the skin rash and renal function. A skin biopsy revealed small vessel neutrophilic vasculitis. After an initial improvement, his renal function worsened again and the proteinuria increased to a nephrotic range. Renal biopsy showed immunoglobulin A (IgA) deposition in the mesangium on immunofluorescence microscopy, confirming the diagnosis of IgA vasculitis (Henoch–Schönlein purpura). He was administered methylprednisolone again, 1 g for 3 days, but he had a septic shock and initiated hemodialysis. After a prolonged hospitalization due to infectious complications, he developed chronic kidney disease on dialysis, and immunosuppression was no longer beneficial.

CONCLUSION

Henoch–Schönlein nephritis is a rare disease in the elderly, thus there is limited data to guide the optimal treatment, but the use of corticosteroids and other immunosuppressants has been reported. Among adults, renal failure with progression to end-stage disease is more common than in children. Our case illustrates the risk factors for progressive disease: older age at disease onset, low glomerular filtration rate and an initial presentation with nephritic-nephrotic syndrome. The comorbidities and complications resulting from immunosuppression also contributed to our patient's outcome.

KEYWORDS

Henoch–Schönlein purpura, Immunoglobulin A vasculitis, nephrotic syndrome.