

## Crohn's Ileitis Mimicking Henoch-schonlein Purpura

The Editor,

Sir,

Henoch-schonlein purpura (HSP) is a multisystemic vasculitis which could present with palpable purpura, arthralgia or arthritis, abdominal pain and renal findings (1). Gastrointestinal complaints is common in up to 80% of patients with HSP (2). Henoch-schonlein purpura is a childhood disease and rare in adulthood.

We would like to present a 30-year old man with unremarkable past medical history who was admitted to the Emergency Unit for purpuric lesions on the tibial surfaces and arms over-three days duration. He complained of abdominal pain, nausea and arthralgia. Physical examination was normal except for cutaneous purpuric lesions. Laboratory examination showed leukocytosis of 12,200/mcg/L and elevated C-reactive protein (CRP) of 10.7 mg/dL. So, he was presumed to have HSP at first. But, his purpuric cutaneous lesions resolved completely within 15 days of hospitalization without steroid therapy. Nevertheless, nausea and abdominal pain persisted and his CRP was still high (11 mg/dL) on 15<sup>th</sup> day. A colonoscopy showed ileal aphthous ulcerations. Histopathological examination confirmed Crohn's ileitis. Mesalamin was started at first. Later, we found sacroileitis and changed his medication to sulfasalazine. We did his second colonoscopy after one month of therapy and it was normal.

Interestingly, in the literature there are some presentations that report HSP and Crohn's disease (CD) mimicking each other or CD cases in an HSP family or HSP development during the course of CD (3, 4). Cassater *et al*, did not detect the

only class II phenotype (DRB1\*01) reported previously to be associated with both diseases (5). Although it is still unclear if there is another common link between these two entities, it should be emphasized that differential diagnosis should always be considered to prevent diagnosis or treatment delay especially for CD.

**Keywords:** Crohn's ileitis, diagnosis, Henoch-schonlein

*R Bahsi*<sup>1</sup>, *Z Dogan*<sup>2</sup>, *N Taser*<sup>3</sup>, *MN Aktas*<sup>3</sup>, *L Filik*<sup>2</sup>

*From: <sup>1</sup>Department of Internal Medicine, <sup>2</sup>Department of Gastroenterology, <sup>3</sup>Department of Internal Medicine, Ankara Education and Research Hospital, Ankara, Turkey.*

*Correspondence: Dr R Bahsi, Department of Internal Medicine, Ankara Education and Research Hospital, Ankara, Turkey. Fax: +9003123633396, e-mail: dokto\_r\_emzi@hotmail.com*

### REFERENCES

1. Miller ML, Pachman LM. In: Nelson Textbook of Pediatrics. 18. Kliegman RM, Behrman RE, Jenson HB, Stanton BF, editors. Philadelphia, PA: Saunders Elsevier; 2007. Vasculitis syndromes.
2. Zhang Y, Huang X. Gastrointestinal involvement in henoch-schönlein purpura. *Scand J Gastroenterol.* 2008; **43**: 1038–43.
3. Steven DiLauro, Nancy F. Crum-Cianflone. Ileitis: When It Is Not Crohn's Disease *Curr Gastroenterol Rep* 2010; **12**: 249–58.
4. Yavuz A, Yıldız M, Aydın A, Yıldırım AC, Buluş H, Köklü S. Henoch Schönlein purpura mimicking Crohn's ileitis. *J Crohns Colitis* 2011; **5**: 271–2.
5. Cassater D, Gambaro G, Fabris A, Cena C, Calabria S, Capelluto S *et al*. Henoch Schönlein purpura and Crohn's disease in a family. *J Nephrol* 2006; **19**: 387–90.