

# A Rare Presentation of Adult-Onset IgA Vasculitis with Gastrointestinal Manifestations Without Typical Skin Manifestations

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## Introduction

IgA Vasculitis is a small vessel vasculitis that is commonly seen in children but rarely affects adults. IgA Vasculitis can present as arthralgia, rash, kidney involvement, and gastrointestinal symptoms. We present a case of a 56 years old Male that presented with abdominal pain without the characteristic purpuric rash or any other features. Imaging findings showed enteritis, colonoscopy showed ulcers in the terminal ileum, rectum, sigmoid and descending colon. The Kidney biopsy showed IgA deposition. Thus, adult-onset IgA vasculitis can present with gastrointestinal symptoms without the typical skin manifestations and imaging and endoscopy can guide in diagnosis and management of the same.

## Case Description

We present a case of a 56 years old Male who presented to the ED with abdominal pain and arthralgia without the characteristic skin purpura. Abdominal imaging showed severe diffuse wall thickening of multiple loops of small bowel with adjacent fat stranding. Small bowel enteroscopy was performed that showed many non-bleeding cratered ulcers in the duodenum and jejunum, and colonoscopy showed ulcers in the terminal ileum, rectum, sigmoid and descending colon. Biopsy from Duodenal and Jejunal ulcers showed focal acute and chronic inflammation and ulceration. A kidney biopsy showed IgA deposition. The patient's abdominal pain rapidly resolved after steroid administration and supportive care.



## Discussion

IgA Vasculitis is a small vessel vasculitis that affects various organs, including the skin, gastrointestinal (GI) tract, joints, and kidneys and commonly occurs in children.

## Discussion - Continued

The incidence of IgA Vasculitis in adults is as low as 0.8-1.8/100 000 for adults. Approximately 53% of patients with adult IgA vasculitis have Gastrointestinal involvement. Gastrointestinal manifestations range from mild (nausea, vomiting, abdominal pain, paralytic ileus) to severe findings (gastrointestinal bleeding, intussusception, bowel ischemia with secondary necrosis, bowel perforation). Abdominal pain is the most common gastrointestinal symptom which is attributed to mesenteric vasculitis leading to bowel ischemia and edema of the gastrointestinal tract. The small bowel, and in particular, the duodenum is the most commonly affected site. Vasculitis is not commonly observed in GI biopsies. While the clinical and histologic findings may mimic early inflammatory bowel disease, the presence of predominant small bowel involvement, especially erosive duodenitis, should raise suspicion for IgA vasculitis.

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