

# "A Pain in the Gut"

## IgA Vasculitis with Bowel Involvement

Authors: FELICITY SARTAIN<sup>1</sup>, SHAUN CHANDLER<sup>2,3</sup>, KIRSTEN HEPBURN<sup>2</sup>, PRIANKA PURI<sup>2,3</sup>

1. Cairns Hospital, Queensland 2. Royal Brisbane and Women's Hospital, Queensland 3. The University of Queensland, Queensland

IgA vasculitis (IgAV) is a small vessel vasculitis which can involve the kidney along with joints, skin and gastrointestinal tract. Internationally there are not congruent criteria for the diagnosis of IgAV in adults and its management in patients with kidney and gastrointestinal involvement

### Case 1:

- A male in his 40s presented with arthralgias, purpura of the lower limbs, an acute kidney injury (serum creatinine (Cr) 125µmol/L) and an active urinary sediment.
- Skin biopsy demonstrated leukocytoclastic vasculitis.
- Whilst awaiting kidney biopsy he developed abdominal pain and computed tomography imaging found pneumoperitoneum (Figure A). A laparotomy found bowel necrosis; histopathology revealed small vessel vasculitis.
- High dose steroids were commenced.
- Kidney biopsy showed focal necrotising glomerulonephritis with 25% crescents (Figure B) and positive IgA immunofluorescence.
- Haemodialysis was required post-laparotomy and intravenous cyclophosphamide was commenced.
- Two years later he is dialysis independent (Cr 162µmol/L) and maintained on mycophenolate.



Figure A

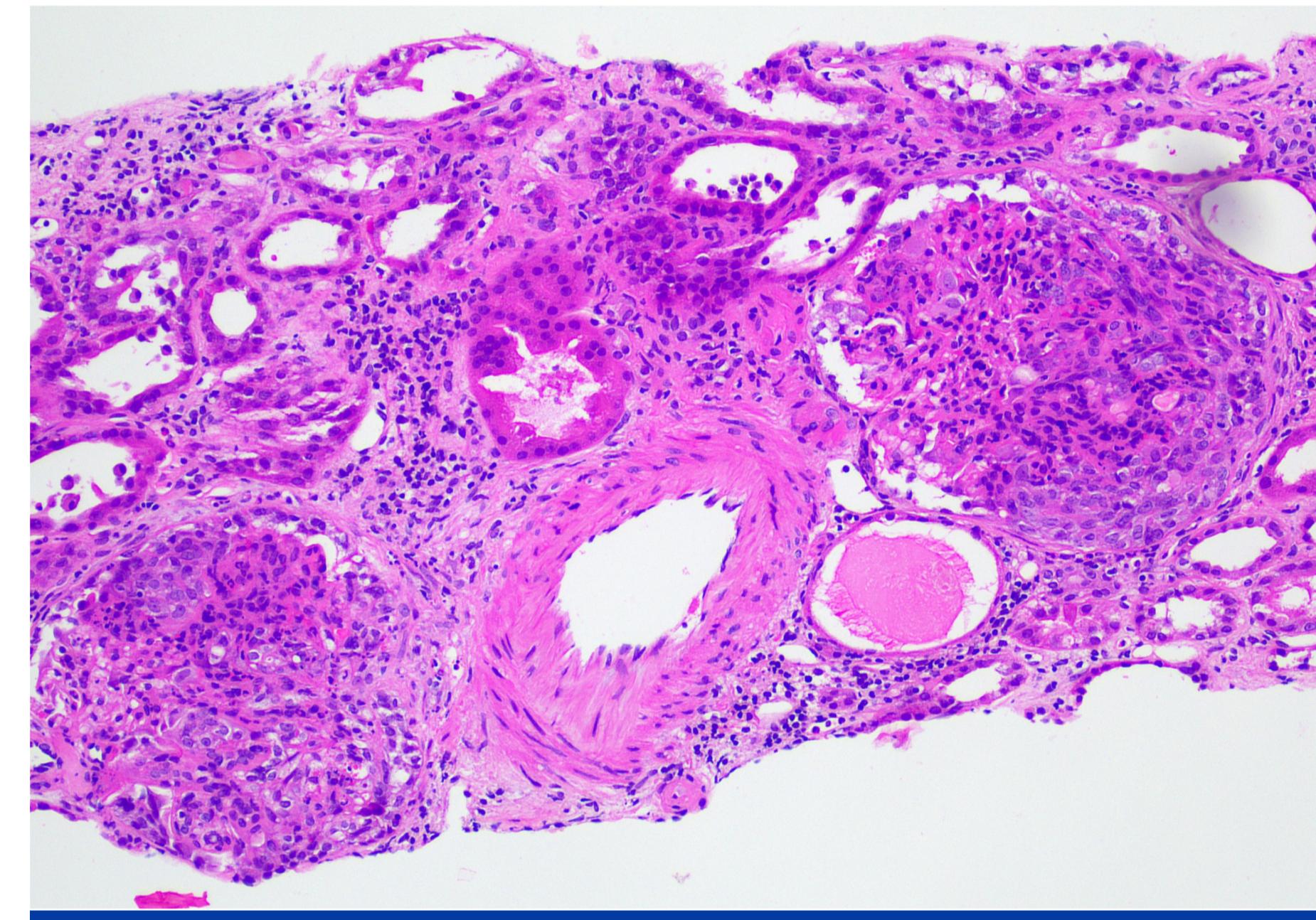


Figure B

### Case 2:

- A male in his 80s presented with lower limb palpable purpura and abdominal pain. A week later he developed an acute kidney injury (peak Cr 574µmol/L) and active urinary sediment.
- Kidney biopsy demonstrated diffuse endocapillary proliferative glomerulonephritis without crescent formation (Figure C) with IgA positivity on immunofluorescence.
- High dose steroids and intravenous cyclophosphamide were commenced with ulcer prophylaxis.
- Within one week of starting treatment he developed haemodynamically unstable gastrointestinal bleeding. Endoscopy showed active haemorrhage within the proximal jejunum and vasculitic lesions were confirmed histologically.
- Despite embolisation and surgical exploration the patient continued to deteriorate and eventually died.

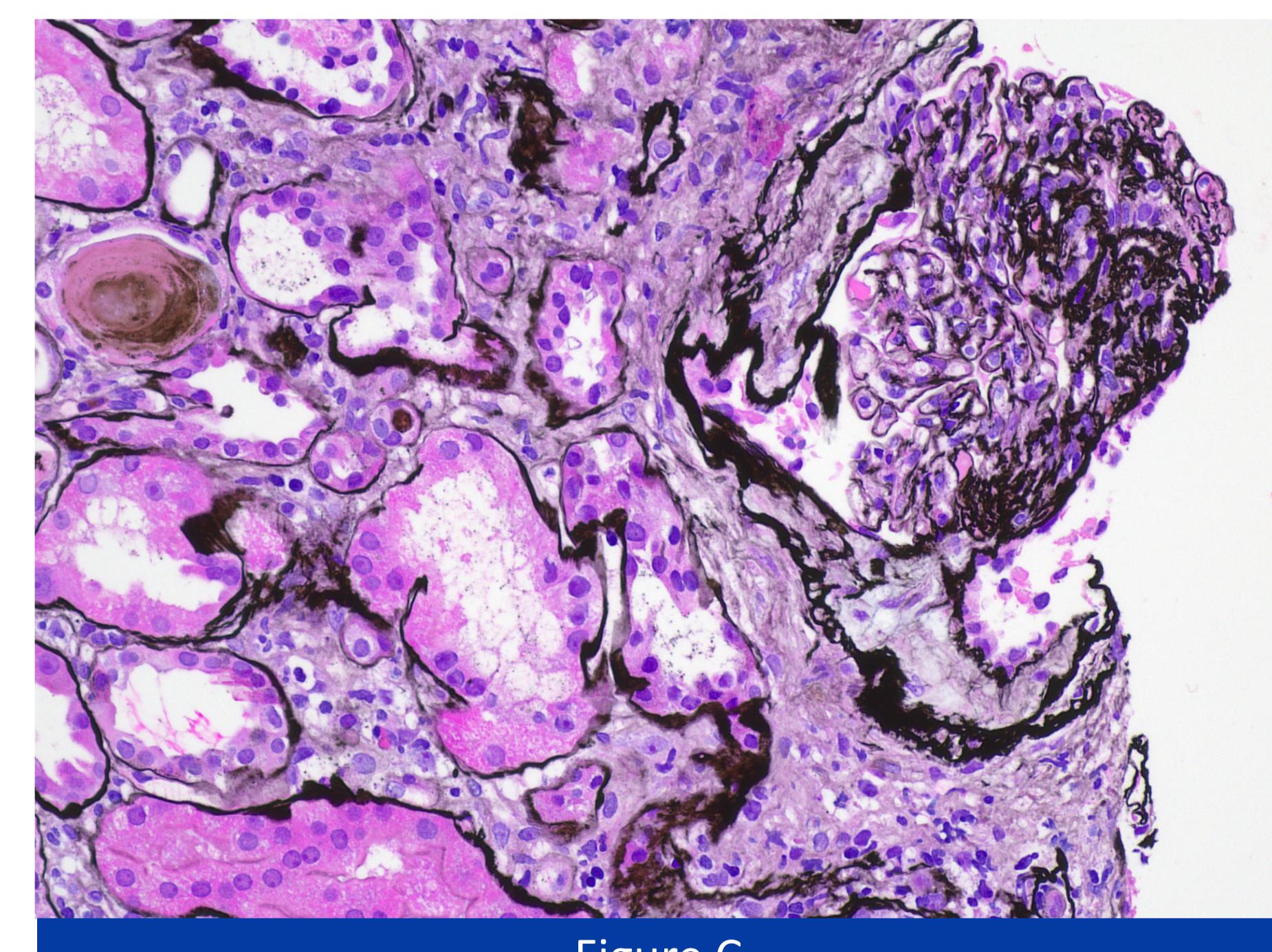


Figure C

### Conclusions:

These cases detail the significant impact gastrointestinal involvement can have in IgA Vasculitis. Both these cases were managed as per KDIGO guidelines given kidney involvement.