A Severe Pediatric Presentation of IgA Vasculitis Complicated by Gastrointestinal Bleeding and Secondary Hypertension: A Case Report

Samantha Escobar, OMS-III[1]; Mohammed A. Alhendy, MD[2]; Debosree Vicsocsean, PhD[3]

[1]A.T. Still University School of Osteopathic Medicine in Arizona

[2]Department of Pediatrics, Family HealthCare Network

[3]Still Research Institute, A.T. Still University

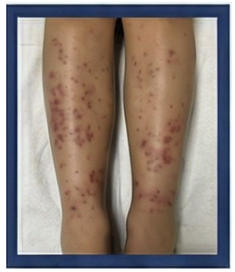
BACKGROUND

- IgA vasculitis (IgAV), formerly Henoch–Schönlein purpura, is the most common pediatric small-vessel vasculitis
- Long-term morbidity is determined by renal involvement, and screening typically relies on urinalysis to detect hematuria or proteinuria
- Gastrointestinal symptoms and hypertension may precede renal findings

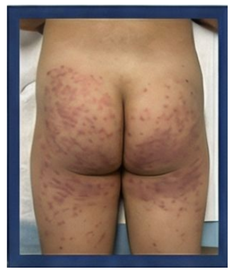
OBJECTIVES

- Present a pediatric case of IgA vasculitis complicated by gastrointestinal bleeding and secondary hypertension
- Demonstrate the clinical pitfall of normal urinalysis in early disease
- Emphasize the importance of serial blood pressure monitoring and prolonged surveillance
- Apply osteopathic clinical reasoning to systemic inflammatory disease

FIGURE 1: CLINICAL PRESENTATION OF PALPABLE PURPURA



Initial Presentation: *Palpable non-pruritic purpuric rash on lower extremities, ankle, anterior shin.*



24 Hour Progression: *Rash extended to buttocks and hands, accompanied by fever*

CASE REPORT

- A previously healthy 7-year-old boy presented with ankle pain and palpable purpura on the lower extremities
- Within 24 hours the rash extended to the thighs and buttocks; fever developed
- Two days later he returned with persistent vomiting and worsening rash.
- Blood pressures remained repeatedly elevated (up to 143/95 mmHg) despite repeatedly negative urinalysis
- Admitted for inability to tolerate oral intake and gastrointestinal bleeding
- Treated with IV fluids, corticosteroids, and antihypertensives
- Serial urinalyses remained negative despite worsening systemic disease

TABLE 1: CLINICAL TIMELINE

Purpose: *Temporal discordance between elevated blood pressure and negative urinalysis in severe IgA vasculitis*

Visit	Key Clinical Findings	Blood Pressure	Urinalysis
Initial Visit:	Palpable purpura, ankle pain	**135/89 mmHg**	Not obtained
ED Visit #1:	Rash spreading to thighs/buttock, new-onset fever	**126/85 mmHg**	**Negative**
ED Visit #2:	Persistent vomiting, worsening rash and joint pain	**143/95 mmHg**	**Negative**
Inpatient:	GI bleeding, scrotal edema	**Persistent HTN**	**Negative**

CLINICAL PEARL:

Sustained secondary hypertension may serve as an early marker of severe IgAV even when urinalysis remains normal.

DISCUSSION & OSTEOPATHIC INTEGRATION

Clinical Implications

- Severe IgA vasculitis may present with GI bleeding and secondary hypertension
- Corticosteroids improve abdominal symptoms but do **not** prevent renal involvement
- This patient developed sustained hypertension despite repeatedly normal urinalysis
- Blood pressure monitoring may detect clinically significant disease earlier than urinalysis alone

Osteopathic Integration

- IgA vasculitis is a systemic inflammatory disease rather than an isolated renal process
- **Lymphatic Pump Treatment (LPT)** may enhance lymphatic circulation and immune clearance during recovery in systemic inflammatory states
- **Autonomic regulation** may influence vascular tone and inflammatory signaling
- This reflects a **whole-person approach**, addressing physiologic dysfunction beyond laboratory findings such as urinalysis

ACKNOWLEDGEMENTS

The authors thank Debosree Vicsocsean, PhD, and Family HealthCare Network for mentorship and clinical support

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