A 63-year-old man with a history of intermittent vasculitic rash presented with an acute abdomen. Findings at laparotomy were consistent with patchy serosal small vessel vasculitis. The patient was well and walking around the ward 24 h later after intravenous methylprednisolone.

In this case no biopsy was taken. The diagnosis was made clinically given the history of intermittent vasculitic rash and the classic appearance of the bowel at laparotomy (figure 1A,B). The prompt and complete response to steroids backed up the clinical impression.

Henoch–Schönlein purpura is uncommon in adults and gastrointestinal manifestations are rarely severe enough to require surgical intervention.

**Competing interests** None.

**Patient consent** Not obtained.