Laparoscopic reduction of ileoileal intussusception in Henoch-Schönlein purpura

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DESCRIPTION

A 4-year-old boy presented with non-blanching palpable skin rash on lower limbs, ankle swelling, cough and sore throat. He had normal blood pressure, enlarged red tonsils with pus and bilateral knee and ankle swellings. Urine dipstick showed 30 mg/dL of protein and the haematological, biochemical and clotting profile were normal. The patient was diagnosed to have Henoch-Schönlein purpura (HSP). He was discharged home with a leaflet, a prescribed course of amoxicillin and weekly general practitioner follow-up for urine dipstick and blood pressure. He presented again after 5 days with facial and scrotal swelling and was sent home. He was readmitted 4 days later with abdominal pain, vomiting, constipation and abdominal distention of 24 h duration. Abdomen was distended, soft, non-tender and a mass was felt to the

left of the umbilicus. Ultrasound scan with colour Doppler demonstrated intussusception with doughnut/target and pseudokidney signs together with dilated proximal and collapsed distal small bowel (figure 1). He underwent laparoscopic reduction of ileoileal intussusception uneventfully. Bowel was viable but inflamed, free haemorrhagic fluid was seen in the abdomen. He recovered well and at 2-year follow-up he is well and thriving. Gastrointestinal symptoms in HSP are common but surgical intervention for a rare but serious complication of intussusception is only required in a minority of cases.^{1 2} A high index of suspicion, imaging studies and laparoscopy are diagnostic and therapeutic. Laparotomy is the traditional approach as air enema reduction is not possible for small bowel lesions in HSP. Laparoscopy is safe, effective, cosmetic, less painful and is recommended.³

Figure 1 Ultrasound scan and colour Doppler study showing ileoileal intussusception.

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Learning points

- ▶ Intussusception should be considered in the differential diagnosis of all children who present with Henoch-Schönlein purpura (HSP) and abdominal pain.
- ▶ Ultrasound and colour Doppler remain the first-line imaging investigation in HSP both in children who present with an abdominal pain, distention, vomiting or mass, and in those in whom intussusception is clinically suspected.
- ▶ HSP have small bowel intussusceptions in majority of cases and therefore cannot be reduced with air (or fluid) enema techniques. Laparoscopy is a safe and an effective diagnostic and therapeutic option in this group of patients.

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Contributors All authors were actively involved in the clinical management of the patient and have actively participated in the preparation, editing and finalising the manuscript.

Competing interests None.

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