

## Henoch-Schönlein 자반증 환자에서 발생한 소장 천공을 동반한 신염 및 신증후군 1예

고려대학교 의과대학 소아과<sup>1</sup>, 해부병리과<sup>2</sup>

김건하<sup>1</sup> · 신혜경<sup>1</sup> · 임형은<sup>1</sup> · 유기환<sup>1</sup> · 홍영숙<sup>1</sup> · 이주원<sup>1</sup> · 원남희<sup>2</sup>

### Severe Nephritic-nephrotic Syndrome with Small Bowel Perforation in a Child with Henoch-Schönlein Purpura

Gun Ha Kim<sup>1</sup>, Hye Kyung Shin<sup>1</sup>, Hyung Eun Yim<sup>1</sup>, Kee Hwan Yoo<sup>1</sup>, Young Sook Hong<sup>1</sup>, Joo Won Lee<sup>1</sup>, Nam Hee Won<sup>2</sup>

Department of Pediatrics College of Medicine Korea University<sup>1</sup>, Department of Pathology<sup>2</sup>

**Introduction** : Henoch-Schönlein Purpura (HSP) is a form of vasculitis that typically affects small arteries in the skin, joints, intestinal tract and kidneys. It is usually resolved spontaneously but sometimes can cause serious problems in kidneys and intestinal tract. We experienced recently a rare case of nephritic-nephrotic syndrome with small bowel perforation in a child with HSP.

**Case** : A 6-year-old girl with purpura, arthralgia and abdominal pain for 2 weeks was admitted. She also showed gross hematuria, generalized edema and decreased urine output. Blood pressure was in upper normal range. Initial laboratory findings were leukocytes 16,900/mm<sup>3</sup>, blood urea nitrogen 10 mg/dL, creatinine 0.4 mg/dL, albumin 1.8 g/dL, total cholesterol 424 mg/dL, creatinine clearance rate 164 mL/min. The quantity of 24 hr urine protein was 27.2 g/day. C3, C4 and FANA were not specific. Initially, she was treated with pulse methylprednisolone, azathioprine, albumin and furosemide. Renal biopsy revealed diffuse mesangial proliferation with strong IgA deposition. There are no crescents (grade III). At the third hospital day, she complained of severe abdominal pain and free peritoneal air was seen on abdominal X-ray. Primary repair of small bowel was performed and three pin-point sized holes were found. One week later, she still showed heavy proteinuria. Therefore, we added ACE inhibitor and dipyridamole, and changed azathioprine to cyclosporine. One month later, urine protein/creatinine ratio was decreased to 17.8 from 57, but heavy proteinuria has been still persisted.

**Conclusion** : Here we report a rare case with HSP who had both severe nephritic-nephrotic syndrome and small bowel perforation.