A RARE CASE OF SYSTEMIC VASCULITIS IN AN ADULT PATIENT WITH ULCERATIVE COLITIS - WHEN THE CURE BECOMES THE PROBLEM

Fabio Correia

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A 37-year-old woman with ulcerative colitis on infliximab developed Henoch-Schönlein purpura with IgA nephropathy several years after starting anti-TNF therapy, requiring therapy discontinuation and switch to vedolizumab.

KEY POINTS

- The patient presented in May 2022 with intermittent fever, palpable purpura on lower limbs, hematuria, fatigue, and arthralgias while on infliximab maintenance therapy started in 2016.
- Laboratory findings showed creatinine elevated twice above baseline, large amounts of red blood cells in urinary sediment, moderate proteinuria, and IgA elevation to 538 (upper limit of normal less than 400).
- Skin biopsy demonstrated leukocytoclastic vasculitis and renal biopsy confirmed IgA deposits in the glomerular mesangium, establishing a diagnosis of Henoch-Schönlein purpura secondary to anti-TNF therapy after exclusion of other causes.
- Infliximab was discontinued and the patient was transitioned to vedolizumab after azathioprine caused gastrointestinal intolerance and herpetic infection, with favorable response reported.
- The authors note that Henoch-Schönlein purpura is a rare adverse effect of anti-TNF therapy, particularly in adults, and emphasize the importance of maintaining clinical suspicion as early diagnosis impacts management decisions.

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