中文題目：案例報告及文獻回顧:紫斑症病人合併肺出血

英文題目：Case report and literature review: Pulmonary Hemorrahge in Henoch-Schönlein Purpura

作　　者：王思讚[1,2], 呂明錡[2], 許寶寶[2], 吳政翰[2], 童建學[2], 黃光永[2], 賴寧生[2]

服務單位：[1]大林慈濟醫院內科部, [2]大林慈濟醫院過敏免疫風濕中心

Background*:* Immunoglobulin A (IgA) vasculitis is an immune complex vasculitis affecting the small vessels. The chief clinical manifestations of IgA vasculitis include cutaneous purpura, arthralgia, enteritis, and glomerulonephritis (1). Pulmonary hemorrhaging is a rare complication of IgA vasculitis but is associated with high mortality and morbidity (2). The appropriate management of IgA vasculitis with pulmonary hemorrhaging remains controversial. We report a case of IgA vasculitis complicated with pulmonary hemorrhaging. He was successfully treated after the administration of corticosteroids and immunosuppressive agents and plasma exchange.

Method*:* This 21-year-old male who was a nonsmoker was transferred to our hospital for evaluation and management of a lower leg purpuric rash, arthralgia for three months.

His illness began with gradual onset bilateral ankle and right 2nd PIP joint of the foot painful swelling and bilateral lower legs petechia since two months ago. He received oral prednisolone and plaquanil in the local clinic. However, skin rash progressed, and he also had gross hematuria. He came to our institution for further evaluation.

Urinalysis showed >100 RBC per HPF, and serum creatinine was elevated to 1.34 mg/dl. Skin biopsy of lower leg petechia revealed leukoclastic vasculitis. Direct immunofluorenscence shows gA, IgM, C3 ranular staining in the blood vessel wall in the upper dermis, and IgG staining is negative. The patient was diagnosed as having Henoch-Schönlein purpura. Intravenous hydrocortisone 300mg per day was administrated for 5 days. However, he developed general weakness, cough and fever to 38.5 celcius degree. Chest computed tomography showed multifocal ground glass patter on bilateral lung, and consolidation on the right middle lung field. Pulmonary hemorrhage was highly suspected. 3-day methylprednisolone pulse therapy, cyclophosphamide, and plasma exchange were also given. Chest radiography revealed clear lung fields 10 days later after treatment.

Conclusion:

In conclusion, this was a rare case of IgA vasculitis associated with pulmonary hemorrhaging. Additional research is necessary to develop a treatment algorithm for IgA vasculitis with pulmonary hemorrhaging.