

HENoch SCHONLEIN PURPURIC VASCULITIS DURING PREGNANCY- RARE PRESENTATION

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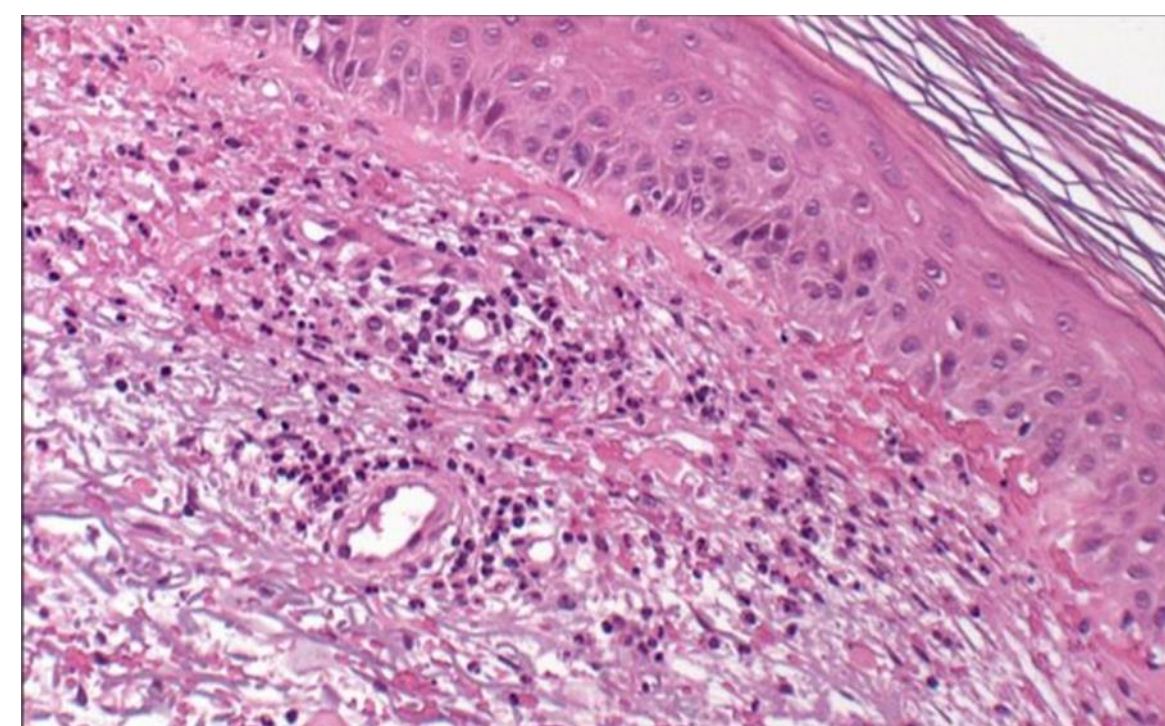
INTRODUCTION

- **HENoch SCHONLEIN PURPURA (HSP)**
- IgA mediated small vessel vasculitis
- affects skin / intestines / kidneys.
- 50% cases → preceded by an upper respiratory tract infection, especially by *streptococcus*
- Most common systemic vasculitis of childhood (90% in paediatric age group)
- Rare in adults → Can be a recurrence of previous childhood disease.
- Affects both the mother and the fetus.

29 yr. old, Primi gravida who is a regular booked case at our hospital with morbid obesity and having Gestational diabetes, Chronic Hypertension and seizure disorder reported at 35 weeks and 1 day of gestation with complaints of maculopapular rash on bilateral lower limb which was associated with pain over the right ankle and leg, there was no associated itching. A skin biopsy taken from the lesion was suggestive of IG A vasculitis. She was started on deflazacort and monitored in hospital and underwent caesarean section in view of breech presentation with a non-reassuring NST at 36 weeks. The skin lesions began resolving once started on medications and improved in the postpartum period.



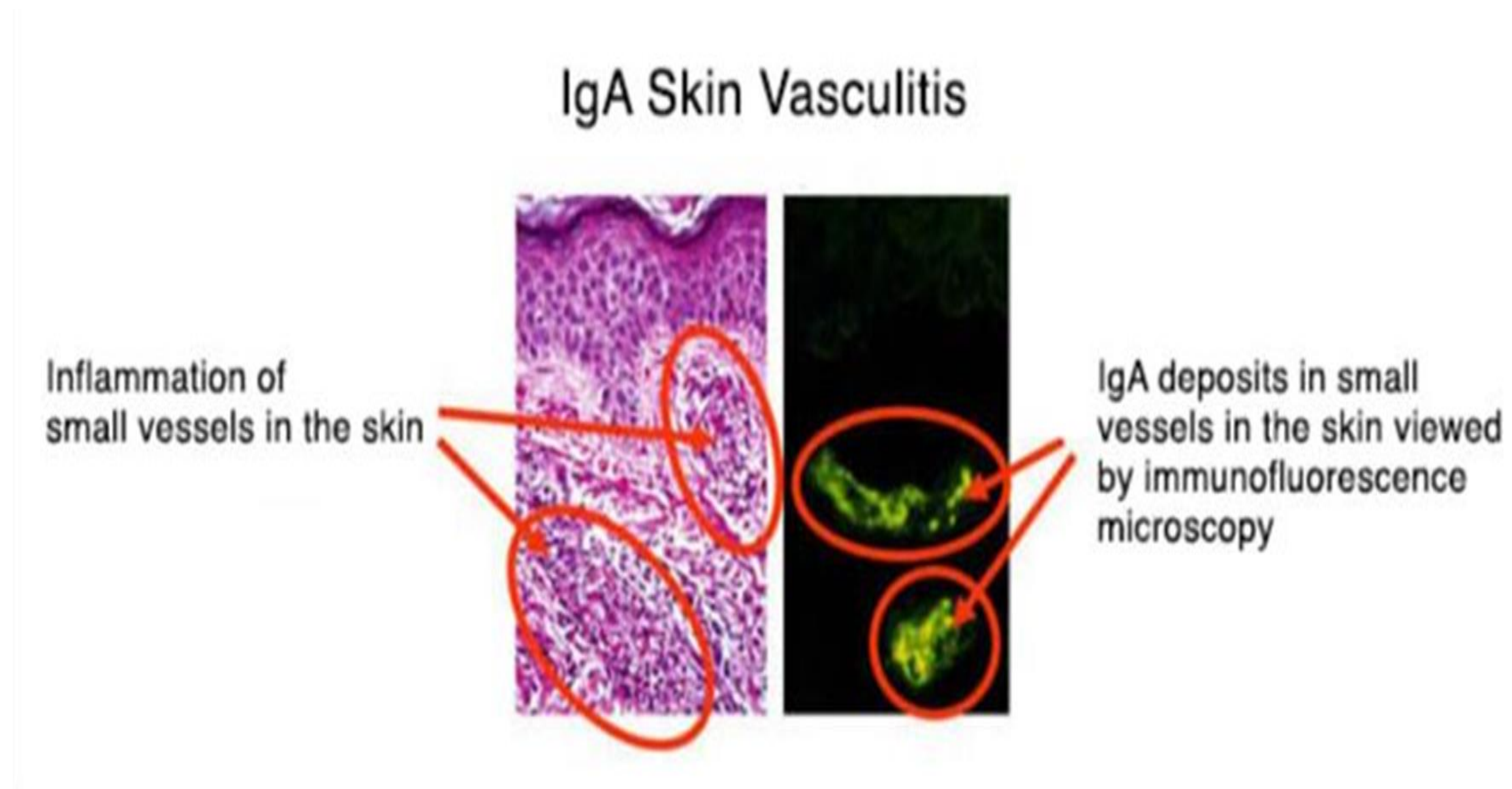
Image showing typical purpuric rashes over the lower limb-
Image shown with permission



LEUKOCYTOCLASTIC VASCULITIS-
Perivascular mixed
inflammatory infiltrate with
prominent neutrophils,
associated nuclear dust and RBC
extravasation

CASE REPORT 2

37 yr. old, primi gravida, IVF conception with Gestational diabetes and Chronic Hypertension. She was a known case of HSP with mesenteric vasculitis diagnosed by skin biopsy in 2017. It was treated with intravenous methylprednisolone, and she had a relapse in 2019, since then she was on oral steroids. At 11 weeks and 2 days gestation she had another episode of HSP flare and managed with intravenous followed by oral steroids after complete end organ evaluation. At 36 weeks gestation she reported with labour pain and underwent emergency caesarean section in view of non-progress of labour.



DISCUSSION

HSP is mediated by immune complex deposits containing Ig A. Abnormal response to various antigens occur in genetically susceptible individuals and Upper respiratory tract infection by SARS-COV-2 can also trigger emergence of Ig A vasculitis. Pregnant women with previous episodes of HSP have an increased risk of complications in pregnancy especially proteinuria and hypertension.

EFFECT OF HSP ON PREGNANCY

- Self limiting & good prognosis
- CUTANEOUS PURPURIC RASHES- most common characteristic feature
- Other features :- Arthritis (32%), Gastrointestinal (45%)
- PROTEINURIA- prevalent in pregnant women.
- Chronic hypertension
- 10-20% C/C renal damage & ESRD 1%

EFFECT OF PREGNANCY ON HSP

- No permanent complications but chance of recurrence present
- Long term effect on fetus is unknown
- Spontaneous miscarriage and preterm deliveries
- Gestational HTN , preeclampsia and eclampsia

CONCLUSION

Pregnant women with previous episodes of HSP have an increased risk of complications in pregnancy especially proteinuria and hypertension and should be closely monitored. The obstetrical outcome in both cases were found to be favourable in the absence of renal involvement and the risk of IG A vasculitis in the fetus was reported negligible as the immunoglobulin cannot cross the placenta.

REFERENCES

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