

Penile Involvement as Initial Manifestation of Henoch-Schönlein Purpura

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A previously healthy 5 year-old boy presented in the emergency department with penile swelling and erythema that started three hours earlier. He denied penile trauma, fever, or urinary symptoms. Physical examination showed an edematous phallus with irreducible foreskin and a penile red purpuric lesion that spread to the scrotum (Fig. 1). No purulent discharge from preputial orifice or purpuric rash in any other part of the body was seen. Laboratory data revealed normal white blood cell count, normal coagulation tests, and slightly elevated C-reactive protein (12.5 mg/L). The urinalysis was normal, without proteinuria or hematuria. The ultrasound showed a bilateral scrotal and penile soft tissue thickening, with normal size and vascularity of both testicles, but with linear hyperechogenic foci in the left testicle suggesting a small vessel vasculitis. The child was admitted for clinical surveillance and was treated with intravenous amoxicillin/clavulanate and oral prednisolone (1 mg/kg/day). After admission, a purpuric rash was identified on the buttocks and thighs and the diagnosis of Henoch-Schönlein purpura was made. He was discharged on the third day after clinical improvement (Fig. 2). The patient remains under close follow-up without renal complications.

Henoch-Schönlein purpura is an immune-mediated systemic vasculitis that is the most common in childhood. The classic tetrad is palpable purpura, joint pain, gastrointestinal complaints, and renal involvement.¹ The penile involvement of Henoch-Schönlein purpura is very rare and includes thrombosis, priapism, or purpuric lesions that may appear before or after the onset of the disease.^{1,2} It may occur in isolation or in association with scrotal involvement.³ When penile involvement is the first manifestation of Henoch-Schönlein purpura, the etiological diagnosis may be difficult and misdiagnosed as balanoposthitis, paraphimosis, or sexual abuse.^{2,3} The role of steroid therapy in penile Henoch-Schönlein purpura is still controversial.^{3,4} Its use can cause a rapid response in the healing process and save the penis from the permanent sequel of an end-organ vasculitis.⁴



Figure 1. Edematous phallus with irreducible foreskin and a red purpuric lesion on the penis and scrotum.



Figure 2. Improvement of the penile/scrotal swelling and purpuric rash after 36 hours of treatment with oral prednisolone (1 mg/kg/day).

WHAT THIS REPORT ADDS

- Henoch-Schönlein purpura is an immune-mediated systemic vasculitis that is the most common in childhood.
- Penile involvement of Henoch-Schönlein purpura is rare and can be misdiagnosed as balanoposthitis, paraphimosis, or sexual abuse.
- The recognition of penile involvement in children with Henoch-Schönlein purpura, with or without testicular or scrotal involvement, is important to avoid unnecessary investigations, procedures, or therapy.
- The use of corticoids in penile Henoch-Schönlein purpura is controversial and may be considered in more complicated circumstances.

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Confidentiality of data

The authors declare that they have followed the protocols of their work centre on the publication of patient data.

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