Henoch–Schönlein purpura (HSP) is a systemic vasculitis mediated by IgA and characterized by the clinical manifestations of nonthrombocytopenic palpable purpura, abdominal pain, arthritis, and renal disorder [1, 2]. Gastrointestinal symptoms occur in up to 85% of patients with HSP and abnormalities may be observed throughout the gastrointestinal tract, especially in the small bowel [3]. The characteristics of the small-intestinal lesions in five adult patients with HSP were retrospectively evaluated using video capsule endoscopy (VCE). None of the patients experienced any adverse events. In three of the five examinations, the battery of the VCE became exhausted before the device reached the cecum. It did however detect small-intestinal lesions in all cases. In contrast, for two of the patients computed tomography (CT) was able to detect only small-intestinal edema. VCE findings were classified as petechiae/redness, or erosions/ulcers. Petechiae/redness, which was referred to as “intestinal purpura”, was observed throughout the small intestine in all cases (Fig. 1). Erosions/ulcers were observed in four patients (Fig. 2). A biopsy sample obtained by balloon enteroscopy from a petechial area showed extravasation of red blood cells in villi with mild inflammation (Fig. 3).

VCE is useful for comprehensive evaluation of small-intestinal HSP lesions that may not be detected by CT.

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