A 61-year-old woman presented with acute lower abdominal pain, bloody diarrhea, and purpura on the right thigh (Fig. 1). Urgent sigmoidoscopy revealed edema and multiple hyperemic ecchymotic lesions in the sigmoid colon and rectum (Fig. 2), which appeared reddish on viewing with conventional white light and cyan on narrow-band imaging (NBI) (Fig. 3). These lesions were indicative of bleeding in the subepithelial layer, which was confirmed on histopathologic examination (Fig. 4). On the basis of the endoscopic findings and purpura on the thigh, the patient was clinically diagnosed as having Henoch–Schönlein purpura (HSP). This diagnosis was confirmed following histopathological examination of a skin biopsy specimen. Intravenous administration of prednisolone resulted in rapid improvement of the abdominal symptoms and the purpura of the thigh. Sigmoidoscopy carried out 6 days after the onset of the patient’s symptoms, showed complete resolution of the edema and of the multiple hyperemic ecchymotic lesions (Fig. 5).

HSP is a disease characterized by systemic vasculitis and multiple organ involvement. The endoscopic gastrointestinal findings of HSP have been described previously and include erythema, edema, petechiae, ulcers, nodular changes, hematoma-like protrusions, and hyperemic ecchymotic lesions [1–3]. However, little is known about the endoscopic findings with NBI, which uses two discrete bands...
of light that are strongly absorbed by hemoglo-
bin. The blue light makes the super-
ficial capillary networks appear brown
while the green light depicts the subepi-
thelial vessels as cyan. Therefore bleeding
in the subepithelial layer will be visualized
as cyan areas because the narrow-
band blue light is absorbed by hemoglo-
bin in the subepithelial layer. In HSP, bleedin-
g in the subepithelial layer is a common occurrence and is caused by the
vasculitis and deposition of immune com-
plexes. Endoscopy with NBI displays these
lesions as a characteristic cyan coloration
so that subepithelial bleeding when pre-
sent can be easily recognized. Our experi-
ence indicates that endoscopy with NBI
may be useful for prompt diagnosis of the
gastrointestinal lesions in HSP.

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