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IMAGES IN PAEDIATRICS

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Schönlein–Henoch purpura involving the penis

A 4.9 year old boy was brought to the emergency department by his parents with a very painful phallic tumefaction which had appeared three days after erythematous purpuric spots on his lower extremities without other signs or symptoms (see fig 1). The patient was discharged home with a diagnosis of paraphimosis in association with Schönlein–Henoch Purpura. He returned to the hospital four hours later with persistent symptoms. Examination revealed an oedematous, fire-red coloured, and painful phallus with purpuric spots on his lower extremities and thighs. He was diagnosed with penis vasculitis in association with Schönlein–Henoch purpura. Steroid therapy (prednisone 25 mg/day) was commenced. After two days' treatment the tumefaction was reduced and the pain resolved.

Schönlein–Henoch purpura is a small-vessel vasculitis and is the most common systemic vasculitis of childhood.

The condition is a form of leukocytoclastic vasculitis characterised by inflammation and necrosis of arterioles, capillaries, and post-capillary venules. The penis is an end organ with complex microvascular architecture, and its involvement can be one of the presenting symptoms of Schönlein–Henoch purpura. It should not be confused with paraphimosis, which occurs when the foreskin is retracted behind the coronal sulcus with oedema caused by venous stasis in the foreskin distal to the corona.¹ The use of glucocorticoids is controversial and is usually reserved for severe systemic manifestations; in this case the glucocorticoid therapy, initiated because of the severity of penis involvement, resulted in evident improvement.

Figure 1 Penis involvement in Schönlein–Henoch vasculitis. Consent was obtained for publication of this figure.

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