Henoch-Schönlein purpura (HSP) is a systemic vasculitis characterized classically by purpura, arthritis and abdominal pain. Epididymitis/orchitis is rarely seen as a complication of HSP. Testicular or scrotal involvement has been reported in children with Henoch-Schönlein purpura and must be distinguished from testicular torsion. We report a case of a 5 year old boy diagnosed with Henoch-Schönlein purpura with acute scrotal swelling. He was managed successfully with conservative approach. The history, clinical examination findings and scrotal ultrasound evaluation should suffice to make the correct diagnosis and avoid surgery. Steroid treatment and/or antibiotics appeared to be effective for this condition.

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Henoch-Schonlein purpura (HSP) is the most common cause of non-thrombocytopenic purpura in children between 4 and 11 years of age and its incidence reported is approximately 14 in 100,000 populations. HSP involves the skin and connective tissues, scrotum, joints, gastrointestinal tract and kidneys. HSP is often preceded by an infection, such as a throat infection. The hallmark of the disease is the characteristic non-thrombocytopenic purpura which appears in nearly all patients (though in as many as 50% of children, it may not be the presenting feature) over the extremities and buttocks. After the prodrome, a number of symptoms develop such as rash (95–100% of cases), especially involving the legs, abdominal pain and vomiting (35–85%), joint pain (60–84%), especially involving the knees and ankles, subcutaneous edema (20–50%), scrotal edema (2–35%), and bloody stools.

In 1837, Schonlein first described the characteristic purpura and arthralgia, which are together pathognomonic of HSP. In 1874, Henoch recognized the frequent association with gastrointestinal and genitourinary symptoms on this condition. Acute scrotal involvement may include scrotal rash, edema of scrotal wall soft tissue, testis and epididymis, and either bilateral or unilateral pain. Allen et al, were first to describe scrotal involvement in HSP in 1960 review that focused on renal complications of the disease. HSP is recognized as an unusual cause of acute scrotal swelling in children. Various studies have reported different incidence of scrotal involvement of HSP cases. The reported incidence of scrotal involvement of HSP cases ranges from 2 to 38% and HSP with scrotal manifestation occupies approximately 3% of all cases of acute scrotal presentations. Weber TR et al reported incidence up to 24% in boys with HSP, with up to 60% of these being unilateral. NSY Chao et al reported 10% of acute scrotum at presentation. Ha and Lee reported 26 out of 120 boys (21.7%) diagnosed with HSP had scrotal involvement. Scrotal involvement in HSP may mimic testicular torsion, which must be excluded. True torsion is rare. Soreide et al, indicated that 80 of 603 cases (13%) presenting with a diagnosis of HSP had scrotal symptoms, and 16% of these patients underwent surgical exploration due to scrotal symptoms. Real torsion was not identified in any of these patients. Hara et al performed surgical exploration in 11 of their 25 HSP cases and did not identify testicular torsion in any of these patients. Ha and Lee reported that neurologic symptoms, localized edema, and high serum C3 levels were significantly related to scrotal involvement in male patients with HSP.

The scrotal involvement in HSP is not so uncommon. The accurate diagnosis of HSP is mandatory by the early identification of purpura and symptomatology of HSP along with imaging evaluations in order to avoid unnecessary procedures. In view of the literature, the typical case of scrotal involvement in HSP should be managed conservatively, with a short-term administration of steroid therapy and/or antibiotics, not surgically.

Conflict of interest
There is no conflict of interest.
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