

## Henoch-Schönlein purpura due to an anti-tuberculosis drug, pyrazinamide: a case report

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Henoch-Schönlein purpura (HSP) is a systemic vasculitis and rarely induced by anti-tuberculosis medication. In this report, we present a first case of Pyrazinamide-induced HSP. A 60-year-old man, who was undergoing hemodialysis, had been diagnosed with pulmonary tuberculosis. He started standard anti-tuberculosis medication, which included isoniazid, rifampin, ethambutol and pyrazinamide. After 13 days, the pruritic, non-blanching skin lesions appeared on the patient's extremities. A skin biopsy of the lesion revealed HSP, which is a form of leukocytoclastic vasculitis. We suspected drug hypersensitivity and discontinued the anti-tuberculosis medication. Levofloxacin and second-line anti-tuberculosis medication were administered to him, and we treated the patient with oral prednisolone. After 10 days, the skin lesions almost disappeared. Drug provocation tests were performed to determine the causative agent. No recurrence of symptoms was observed when the three drugs-isoniazid, rifampin, and ethambutol-were administered at 3-day intervals. Finally, we could conclude that pyrazinamide was the cause of HSP. When skin reactions occur during tuberculosis treatment, the rare possibility of vasculitis, such as HSP, should be considered.

