

#111 Rohan Goyal

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**Severe IgA vasculitis with features of remitting seronegative symmetrical synovitis with pitting edema (RS3PE) syndrome in a 60-year-old male treated with plasmapheresis**

Although IgA vasculitis is more common in children, it involves a more severe clinical syndrome with a higher rate of renal involvement in adults. We present the case of a 60-year-old male with IgA vasculitis with nephrotic-range proteinuria and overlapping features with remitting seronegative symmetrical synovitis with pitting edema (RS3PE) syndrome. Although both IgA vasculitis and RS3PE syndrome typically respond well to glucocorticoid therapy, plasmapheresis was used in addition to pulse glucocorticoid therapy to induce rapid remission of symptoms due to worsening renal function. This case report serves to highlight a possible association between systemic IgA vasculitis and RS3PE syndrome. Additionally, this report demonstrates how this specific treatment regimen can be a potential standard of care of all adults who present with IgA vasculitis with renal involvement.

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