et al. reported that if the factor XIII level is greater than 80%, the diagnosis of HSP is unlikely, and if factor XIII level is less than 60% of normal, the risk of complications is high.[3]

The incidence of pancreatitis in HSP is not known because serum amylase and lipase has not been routinely measured in previous studies. During the past 12 years, we experienced only two children with pancreatitis associated with HSP. In these patients, serum amylase and lipase were mildly elevated at the acute stage of HSP and pancreatitis had resolved after oral steroid therapy. Although steroids have also been postulated to cause haemorrhagic pancreatitis in one report,[4] we speculate that the pathogenesis such as decreased factor XIII concentrations rather than steroids themselves might cause severe haemorrhage in that patient. In addition to the anti-inflammatory effect of steroids on vasculitis, it was recently reported that factor XIII levels had increased after steroid therapy in some HSP patients.[5]

Therefore, HSP should be suspected for children with abdominal symptoms such as severe abdominal pain of unknown origin or pancreatitis by the measurement of factor XIII level, and steroid therapy might help in controlling pancreatitis associated with HSP. Further studies are necessary to elucidate the incidence of pancreatic involvement in HSP patients with abdominal pain.

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Dear Editor,

PLASMA FACTOR XIII LEVELS IN HSP PANCREATITIS: RESPONSE TO SHIN *ET AL*.

Shin *et al.* comment on our case report entitled 'Acute pancreatitis: a rare presenting feature of Henoch Schonlein purpura'. They remind that plasma factor XIII is useful for the early diagnosis of Henoch-Schönlein purpura (HSP). Also, they proposed that this factor might have been decreased at pancreatitis preceeding HSP. Although, plasma factor XIII level is a well-known early diagnostic marker and commonly used in estimating the prognosis, it has not been reported in HSP pancreatitis previously.

We also agree that plasma factor XIII levels can be evaluated to elucidate incidence of pancreatic involvement in HSP. It would be better for the readers if the authors would like to include the factor XIII levels in their two cases of HSP pancreatitis during their 12-year experience.

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