

HENOCH SCHONLEIN PURPURA

Information for parents

Henoch Schonlein Purpura (HSP) is a syndrome that occurs in children often following a viral or bacterial infection. The symptoms are caused by a reaction in small blood vessels in skin, joints, abdomen and kidneys.

Children most commonly present with a rash, abdominal pain and joint pain.

The rash develops on the shins and buttocks, and less commonly on the arms and face. It starts off with small, non-blanching, raised spots that eventually fade to brownish patches and disappear. The rash may be itchy, and may recur. It is sometimes associated with swelling of the feet, hands, or lower back.

Abdominal pain is usually crampy, and settles with mild painkillers. Rarely, a child will vomit blood, or pass blood in the stools. The bowel can occasionally swell up and cause a blockage, called intussusception.

The ankles and knees may swell and become painful, however this is unlikely to have long term effects.

The is no specific blood test for HSP, however, your child will have blood tests to rule out other, more serious, causes of a non blanching rash.

Your child will also have their urine tested, and blood pressure recorded, to monitor kidney function.

Most children will not need to stay in hospital, unless they have severe joint or abdominal pain, or there is evidence of serious kidney problems.

Kidney problems can occur up to six months after the onset of the illness, so your child will need to be followed up for a minimum of six months.

Clinical symptoms, blood pressure and urine testing will be checked at each visit, and blood tests repeated only if indicated.

In the vast majority of children, the illness is benign, and self-limiting.

You should return to Paediatric A&E for urgent review if your child has sudden onset of severe abdominal pain or swelling; coughs or vomits blood; passes blood in the stools or urine; has fits or personality changes; or has swelling round the eyes, especially in the morning.

Henoch-Scholein Purpura (HSP) Follow up Record

Name: _____

DOB: _____

Hospital No: _____

Address: _____

95th centile Systolic Blood Pressure
limit:

Please refer to paediatrics if SBP
exceeds 95th centile value

Your child has been diagnosed with HSP. It is very important that we continue to monitor the kidney involvement of this disease. Blood pressure and an early morning urine sample (i.e. first urine passed that day) will be tested at regular intervals as directed below. There may be additional tests performed depending upon the presentation and illness course. These screening tests will primarily be undertaken at your GP surgery with paediatric follow up scheduled for 4 weeks and 3 months initially (or more frequently as required). In the meantime; if you or your GP have any concerns, they can be discussed with the registrar on call via switchboard. (01932 87 2000 and ask to bleep the paediatric registrar).

Named Consultant: _____

Week	Place of Review	Date	Urine Protein	Urine Blood	Blood Pressure
1	GP				
2	GP				
3	GP				
4	Outpatients (ASPH)				
6	GP				
8	GP				

10	GP				
12	Outpatients (ASPH)				
4 months	GP				
6 months	GP / Outpatients				
12 months (if required)	GP / Outpatients				

Please keep this document safe and updated. Please bring it to any reviews.

**Dr Erin Dawson
Associate Specialist Emergency Paediatrics
Dr Ellie Day
Paediatric Consultant**

Ref: <http://www.icondata.com/health/pedbase/files/HENOCH.S.HTM>