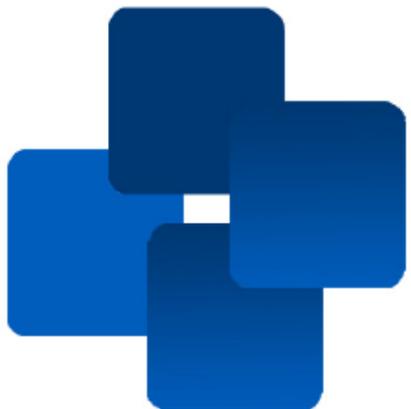


Henoch-Schönlein Purpura (HSP)

Child Health Patient Information Leaflet



Henoch-Schönlein Purpura (HSP)

Pronounced "hen-awk shern-line purr-purr-ah"

What is Henoch-Schönlein Purpura?

HSP causes blood vessels to become inflamed (irritated and swollen). This inflammation is called vasculitis. It usually affects the small blood vessels in the skin causing small bleeds that appear as a rash called 'purpura'. It can also affect blood vessels in the intestines and the kidneys.

The cause of HSP is unknown. It might be triggered by bacterial or viral infections, medicines, insect bites, vaccinations or exposure to chemicals or cold weather. It occurs most often in the spring, usually after an upper respiratory infection, like a cold.

HSP usually affects children from two to eleven years of age, and slightly more boys than girls but it can occur in anyone. HSP is not contagious and is not an inherited condition. Doctors don't know yet how to prevent HSP.

What are the symptoms?

Skin rash

A skin rash appears in all cases and looks like small bruises or small reddish-purple spots which do not disappear when pressed. It usually appears on the buttocks, legs and around the elbows but can spread over other areas.

Swelling

Many children with HSP have swelling over the backs of the feet and hands, and the scrotum in boys.

Joints

Painful and swollen joints may occur, usually affecting the knees and Ankles.

Kidneys

Protein and blood may be found in the urine. Usually this settles on its own. Serious kidney problems don't happen very often, but it is necessary to monitor for them.

Gut

Tummy aches may be severe and occasionally result in blood in the stool (poo). In rare cases, an abnormal folding of the bowel called intussusception may occur. This causes a blockage in the intestines that may need surgery.

HSP can also cause fever, reduced appetite, nausea, vomiting and diarrhoea and tiredness.

Your child's symptoms may range from simply having the rash, to having all of the symptoms mentioned.

How is it diagnosed?

Diagnosis is usually made on the symptoms your child has and a physical examination. While there is no specific test to diagnose HSP the doctors may want to do some blood tests to rule out other conditions which can cause a similar rash.

A urine sample is tested for the presence of blood.

How is it treated?

There is no specific medicine for HSP. Treatment is based on management of the symptoms and observation of your child. Activity does not need to be restricted. Although the rash looks unsightly, it will fade completely without any scarring. You may find that the rash worsens temporarily before finally disappearing.

Your GP should review every week for the first four weeks.

In that time, blood pressure and early morning urine should be checked each week.

Pain killers e.g. paracetamol or ibuprofen, may be used for relief of joint pain. Bed rest may be necessary until the swelling reduces as it may be painful and difficult to walk. Joint pain and swelling will resolve in a few days without any lasting problems.

If your child has tummy pain which is not relieved by pain killers, then the doctors may consider using a short course of oral steroids to reduce the inflammation of the bowel. They may also be used if the kidneys are severely affected.

Outpatient appointment in two to four weeks.

How long will my child need to stay in hospital?

If your child is quite well then it may not be necessary for your child to stay in hospital. However, if the doctor feels this is necessary, it will usually be for observation; to observe your child and to get the symptoms under control.

The length of stay will depend on the symptoms, but tends to be a few days. A consultant paediatrician or his/her deputy will see your child each morning and they will decide when he/she can go home.

So at home:

- Allow normal activity unless joint pain makes that difficult.
- Give regular pain relief as prescribed for tummy ache and joint pain.
- Allow your child to take fluids normally.
- Don't worry if your child doesn't feel like eating; he/she will eat when they are ready.
- Continue any treatment prescribed by your GP or Paediatrician.
- You will be asked to test your child's urine for blood and protein in the early morning at home. This will be demonstrated to you before you leave.

What happens after discharge?

All children with HSP, whether they are admitted or not, will be followed up:

A Registrar review clinic at the hospital 48-72 hours after being seen (for blood pressure and early morning urine testing).

After four weeks, your GP should review every fortnight until 12 weeks from diagnosis. Blood pressure and early morning urine should be checked on each review.

Another outpatient appointment will be made three months after diagnosis. At that time, if there has been no involvement of the kidneys, your son/daughter will be discharged to your GP for further follow up.

Your GP should then see your child at six months after diagnosis (for a further blood pressure measurement and early morning urine testing) and discharge if no kidney involvement.

If at any time there are signs suggesting kidney involvement (high blood pressure, blood or protein in the urine) your GP should refer urgently to a paediatrician for further investigations.

Your child should return to school when he/she is well enough, even if the rash is still present as HSP is not an infectious illness.

Long sleeves and trousers may be advisable to cover the rash. Full days may be too much initially – discuss this with the school or school nurse.

When to call for medical advice

Return to your GP/hospital if your child gets increasing stomach pains, very painful joint swellings, blood in the urine or stools, or if you are worried for any reason.

What is the outlook for children with HSP?

Fortunately, HSP usually gets better without any treatment. However, it is important to realise that the symptoms may come and go a few times over a period of weeks or months before it eventually clears completely. On average, symptoms settle down within four to six weeks. About half of people who had HSP once will get it again (usually milder than the first attack).

Children with kidney involvement may need further investigations and regular reviews, including urine samples and blood pressure checks by a doctor.

Is there a support group?

Henoch-Schönlein Purpura Support Group.

Tel: 01733 204368 between 10am and 2pm.

An answer machine is available, however the group are unable to return calls to mobile phones.

Email: hsphelp@inbox.com

Key points to remember

- HSP causes inflammation of the small blood vessels in the skin causing a rash.
- HSP can also affect blood vessels in the kidneys and intestines.
- HSP occurs most often in children from 2-11 years.
- The cause is unknown.
- Paracetamol and Ibuprofen help painful joints and general discomfort.
- Return to your doctor for increasing pain, swelling, blood in the urine or stools, or if you are worried at all.
- Symptoms may come and go a few times over a period of weeks or months.
- Follow up for urine and blood pressure checks are very important.

Further information can be obtained from:

NHS 111

Dial 111

Or contact your GP

Bluebell Ward,
Lister Hospital, Stevenage

01438 284008

Children's Day Services, Lister

01438 286315

Children's A&E, Lister

01438 284333

QEII Urgent Care Centre
Welwyn Garden City

01707 247549

Lister Community Children's Nurses

01438 284012

QEII Community Children's Nurses

01438 288370

Patient Advice and Liaison Service

01438 285811

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