HSP (Henoch-Schonlein Purpura)

Henoch-Schonlein Purpura (HSP) is an autoimmune condition causing small vessel inflammation with an incident rate of approximately 10 to 20 cases per 100,000 children per year (Watson et al 2012). This condition is generally self-limiting but for some children can have a long-term impact.

The main symptoms are a purpuric rash of raised red or purple non-blanching lesions which have the appearance of small bruises or spots. The rash generally appears on the legs and buttocks however it can also be seen on the arms, face and trunk (McPartland and Wright 2019). Ordinarily in addition to this rash the child will have one or more of the following symptoms; gastrointestinal pain; arthritis (swollen joint); renal involvement such as hematuria (blood in the urine) or proteinuria (protein in the urine); positive histopathologic findings (NHS 2020). Additional symptoms can include fever, scrotal pain and edema in boys and rarely pulmonary, cardiac or neurological manifestation (Bluman and Goldman 2014).

Although this condition can affect people at any age, chiefly HSP affects children between the ages of 3 to 8 years and has a male predominance (Rostoker 2001). The cause is unknown however HSP frequently occurs after a bacterial or viral infection such as a respiratory tract infection (Bluman and Goldman 2014).

Ordinarily HSP can be diagnosed via a medical examination and history of symptoms. However investigations such as a biopsy from the skin or kidney maybe required in addition to a gastric ultrasound, blood and urine tests to enable identification of disease severity.

Treatment for HSP is dependent on the severity of the condition. Those children whose symptoms are mild with no renal involvement will require supportive care, ensuring adequate hydration and pain management. However in less than 5% of children long term morbidity can occur such as hemorrhage, intussusception and end stage renal disease (Kurnia 2019). These children will require more intensive therapy with admission to hospital.

One third of patients will experience a relapse of symptoms which are usually shorter and milder in duration, occurring within the first four months post diagnosis (Sohagia et al 2010). Therefore a child will receive regular consultant check-ups for approximately twelve months (NHS 2020).

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