

Case Blog

Title: Henoch Schonlein Purpura

Maria Fincati¹, Alexander KC Leung², and Amy AM Leung³

¹Department of Family Medicine, University of Calgary, Canada

²Department of Pediatrics, University of Calgary, Pediatric Consultant, Alberta Children's Hospital, Canada

³Department of Paediatrics, University of Alberta to Faculty of Medicine and Dentistry, University of Alberta.



A 7-year-old-boy presented with palpable purpura on the legs, smoky urine, colicky periumbilical pain, and bilateral ankle pain of 2 week duration. Urinalysis showed 30 red blood cells per high-power field. There was 1+ protein in the urine. Henoch-Schonlein purpura (HSP) is an idiopathic IgA-mediated systemic small-vessel vasculitis with a predilection for the skin, gastrointestinal tract, joints and kidneys. Incidence is estimated to be approximately 10 in 100,000 children per year. A history of preceding upper respiratory tract infection is frequently elicited. Approximately 75% of cases occur in children 2 to 11 years of age. It is twice as prevalent in males. Symptoms tend to be milder in children under 2 years of age and worse in adults.

The basis of diagnosis is palpable purpura in the presence of at least one of the following criteria, namely, diffuse abdominal pain, arthritis or arthralgia, renal involvement (hematuria and/or proteinuria), or a biopsy showing IgA deposition. A purpuric or petechial rash in a pressure- or gravity-dependent distribution is present in almost all patients with HSP. The rash is often symmetrically distributed and is the presenting sign in 50 to 70% of patients; it is usually palpable and does not blanch. The eruption in children appears in crops and is characterized by its polymorphism in contrast to the eruption seen in adults which is often monomorphic. Abdominal pain is typically severe and colicky. The pain is usually localized to the periumbilical or epigastric area. Nausea and vomiting are common. Hematemesis and melena might also occur. Non-migratory arthralgias develop in 65 to 85% of younger patients with large joints commonly affected. Renal involvement occurs in 40 to 50% of patients usually within 1 to 3 months of disease onset and is more severe in children older than 8 years.

There are no laboratory tests to confirm HSP although elevated serum IgA is suggestive. Leukocytosis, elevated ESR, hematuria, proteinuria, and positive stool hemocult test are consistent with HSP.

HSP is generally benign and self-limited. Treatment is usually supportive. Recurrence rate is 33%. Long-term consequences are rare and include persistent hypertension and end-stage renal disease.

*Corresponding author: Alexander KC Leung, MBBS, FRCPC, FRCP(UK and Ireland), FRCPCH, FAAP, Clinical Professor of Pediatrics, the University of Calgary, #200, 233 – 16th Avenue NW Calgary, Alberta, T2M 0H5, Canada, Telefax: +403-230-3322; E-mail: aleung@ucalgary.ca

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