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Henoch-Schoenlein Purpura

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2. DIAGNOSIS AND TREATMENT

2.1 How is it diagnosed?

Diagnosis of HSP is primarily clinical and based on the classic purpuric eruption, usually confined to the lower limbs and buttocks, and generally associated with at least one of the following manifestations: abdominal pain, joint involvement (arthritis or arthralgia) and renal involvement (most often haematuria). Other diseases that can cause a similar clinical picture must be excluded. A skin biopsy is rarely needed for the diagnosis in order to show the presence of immunoglobulin A in histological examinations.

2.2 What laboratory and other tests are useful?

There are no specific tests that contribute to the diagnosis of HSP. Erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP, a measure of systemic inflammation) may be normal or elevated. Occult blood in the stools may be an indication of a small intestinal haemorrhage. Urinalysis should be performed during the course of the disease to detect kidney involvement. Low-grade haematuria is common and resolves with time. A kidney biopsy may be required if kidney involvement is severe (renal insufficiency or significant proteinuria). Imaging tests such as ultrasound may be recommended to rule out other causes of abdominal pain and to check for possible complications, such as a bowel obstruction.

2.3 Can it be treated?

Most HSP patients do fine and do not require any medication at all. Eventually, children can bed rest while symptoms are present. Treatment, when needed, is mainly supportive, with control of pain either with simple analgesics (painkillers) such as acetaminophen, or with non-steroidal anti-inflammatory drugs, such as ibuprofen and naproxen, when joint complaints are more prominent. Administration of corticosteroids (orally or sometimes intravenously) is indicated in patients with severe gastrointestinal symptoms or haemorrhage and in rare cases of severe symptoms involving other organs (i.e. testes). If renal disease is severe, a renal biopsy must be performed and, if indicated, a combined treatment with corticosteroids and immunosuppressive drugs is initiated.

2.4 What are the side effects of drug-therapy?

In most cases of HSP, drug treatment is not necessary or is administered only for a short time; hence, no severe side effects are expected. In rare cases, when severe renal disease requires the use of prednisone and immunosuppressive drugs for a long time, drug side effects may be a problem.

2.5 How long will the disease last?

The entire course of the disease is about 4-6 weeks. Half of children with HSP have at least one recurrence within a 6-week period, which is usually briefer and milder than the first episode. Relapses rarely last longer. A recurrence is not indicative of the severity of the disease. The majority of patients recover completely.