



Henoch-Schönlein Purpura

Henoch-Schönlein Purpura (HSP) or Immunoglobulin A (IgA) vasculitis is the most common form of systemic vasculitis in children. Vasculitis is a condition that involves inflammation of the blood vessels. Most cases occur in children, often affecting those between 2-8 years of age. The majority of cases of HSP are self-limiting and only require symptomatic management. The most serious potential complication of Henoch-Schönlein purpura is kidney damage – which can be irreversible.

DIAGNOSIS

- HSP is a clinical diagnosis
- The cause of HSP is unknown, however it has been proposed that environmental factors such as an infection may be a trigger for initiation of HSP. Recent URTI is present in 50% of HSP cases, commonly viral or Group A streptococcal infections. There may also be a genetic component
- The features include a characteristic purpuric rash and one or more of the following:
 - Arthritis/arthralgia (50 - 75%)
 - Abdominal pain (50%)
 - Nephritis (25 - 50%)

The clinical manifestations of HSP may take days to weeks to fully develop and can vary in order of presentation. Purpura and joint pain are the usual presenting symptoms.

EXAMINATION

- **Skin** - Palpable purpura, petechiae & ecchymoses. Typically symmetrical and located on gravity-dependent areas (buttocks, lower limbs). Localized subcutaneous edema may be found in periorbital or dependent areas (hands, feet, scrotum)
- **Joints** - Arthritis/arthralgia typically affects large joints of the lower limbs. Usually without significant effusion or warmth
- **Gastrointestinal** - GI symptoms can include diffuse abdominal pain, generalized tenderness, signs of obstruction and peritonitis. The most common complication is intussusception. Less common complications include GI hemorrhage, bowel ischemia, necrosis or perforation, acute pancreatitis and protein-losing enteropathy
- **Kidneys** - Urinalysis is obtained to assess for hematuria and proteinuria. Serum creatinine should be assessed in the presence of hematuria or proteinuria, it is not necessary if urinalysis is normal. Renal complications may include nephrotic syndrome, acute nephritic syndrome, renal impairment, renal failure and hypertension. Blood pressure should be monitored
- **Urologic** - Presentation may mimic testicular torsion, which should be ruled out
- **Respiratory** - Severe lung involvement, such as diffuse alveolar hemorrhage, is rare
- **Neurological** - Although rare, changes in mental status with focal neurological signs may indicate intracranial hemorrhage



Henoch-Schönlein Purpura

INVESTIGATIONS

Urinalysis is typically the only investigation required. If there is hypertension, macroscopic hematuria or significant proteinuria, consult Pediatric Rheumatology. Will also need:

- Urine microscopy
- Urinary albumin:creatinine ratio (uACR)
- Electrolytes, creatinine, albumin

Additional investigations may be required if the diagnosis is unclear (e.g., ITP, leukemia, meningococcal infection) or to identify potential complications of HSP.

MANAGEMENT

- Therapy is primarily supportive and includes adequate hydration, rest, and analgesia
- Mild Pain:
 - Subcutaneous edema is managed with bed rest and elevation of the affected area
 - Regular acetaminophen and NSAIDs (ibuprofen, naproxen) are used to treat abdominal and joint pain
 - There is no evidence that NSAIDs increase the risk of gastrointestinal bleeding in a child with bowel vasculitis. However, NSAIDs are contraindicated in patients with active gastrointestinal bleeding or kidney involvement
- Moderate/Severe Pain:
 - Consider adjunctive corticosteroids in children with moderate to severe abdominal or joint pain in consultation with General Pediatrics or Pediatric Rheumatology (may reduce duration of symptoms)
 - Prednisone 1 mg/kg/dose PO daily (MAX 60 mg/dose). If unable to tolerate PO, may use methylprednisolone IV. Corticosteroids are typically continued for 1-2 weeks or until symptoms resolve
 - Once symptoms have resolved, a gradual wean (e.g. over 4 weeks) may prevent relapse

ADMISSION

- Consider consultation with Pediatrics and admission to hospital for:
 - Abdominal complications (e.g. intussusception)
 - Severe or debilitating pain
 - Renal, neurologic or pulmonary involvement

FOLLOW UP

- Follow-up is critical to identify subsequent renal involvement, which can be delayed
- If initial urinalysis is normal or only microscopic hematuria, check BP and urinalysis weekly for the first month, q2weeks from weeks 5-12, then at 6 and 12 months
- Return to weekly reviews if there is a clinical disease flare or signs of renal involvement. Consult Pediatric Rheumatology for any signs of renal involvement

Starship Child Health Clinical Guidelines



[Henoch-Schonlein Purpura](#)

Royal Children's Hospital Clinical Practice Guidelines



[Henoch-Schonlein Purpura](#)

IWK Pediatric Grand Rounds

Every Wednesday 0900-1000

Meeting ID: 224 420 620 592 202

Passcode: HV62uT7K

CPS National Grand Rounds

Resister [HERE](#). Recordings available for members.

Comfort Corner



September is Sickle Cell Disease Awareness month. Sickle-cell disease (SCD) is a genetic disorder that causes red blood cells to become rigid and sickle-shaped. Sickle cells are fragile and are unable to easily travel through blood vessels, so they get stuck and clump together in smaller blood vessels. This causes vaso-occlusion, which can lead to tissue ischemia, pain, and potential infarction and necrosis. Find some helpful plans and templates for providers, parents and caregivers with the following links from SKIP's Youth in Pain series in partnership with CHU Saint-Justine and Sickle Cell Awareness Group Ontario!

Assessment and Treatment



Action Plan



Compliment to Action Plan



References

PIER Network (2019). *Management of Henoch Schonlein Purpura (HSP) in Children*. <https://www.piernetwork.org/hsp.html>

RCH (2021). *Clinical Practice Guidelines: Henoch Schonlein Purpura*. https://www.rch.org.au/clinicalguide/guideline_index/HenochSchonlein_purpura/

Up to Date (2026). *IgA Vasculitis (Henoch Schonlein Purpura): Clinical Manifestations, Diagnosis & Management*. <https://www.uptodate.com/contents/iga-vasculitis-henoch-schonlein-purpura-clinical-manifestations-and-diagnosis>

Written by: Madi Lewis RN, CpedN(C). Clinical Practice Leader - Pediatrics. Maritime Child Health

Reviewed by: Adam Huber, MSc, MD. Pediatric Rheumatologist. Division Head of Pediatric Rheumatology - IWK Health Centre
Jaime McDonald, PharmD. Clinical Pharmacy Specialist - Pediatrics. Maritime Child Health

Disclaimer: The information in the Pediatric Pulse is for reference and educational purposes only. The content is created using the most up to date information and evidence at the time of preparation. It is not a substitute for clinical judgement, knowledge or expertise medical advice. Maritime Child Health and the IWK is not responsible or liable for any claim, loss, or damage resulting from the use of this information.