



Emergency Department

Henoch-Schonlein Purpura (HSP)

Information for Parents/ Carers

What is HSP?

Henoch and Schonlein are the names of the doctors who described this condition. Purpura is the medical name for the rash that is usually seen.

Henoch-Schönlein purpura (HSP) is a condition that affects different parts of the body. Tiny blood vessels in the body become inflamed or swollen.

HSP happens in people of all ages but is most often seen in children under 10 years of age. It is not contagious, so cannot be passed on to other people.

What does it look like?

- a skin rash, which looks like small bruises or small reddish-purple spots – it's usually seen on the bottom, legs and around the elbows
- swelling of the feet and hands, and the scrotum in male children
- pain in the joints, such as the knees and ankles
- stomach pain
- blood in the faeces (poo) or urine (wee), caused by the blood vessels in the bowel and the kidneys becoming inflamed, causing blood cells and proteins to 'leak' into the urine.

Usually, children with HSP do not need special treatment, but will need to be carefully monitored and may need to stay in hospital and/or take medicines if your doctor thinks it is necessary.

How long does it last?

Most children start to feel better after several days or a few weeks, and the rash and other symptoms disappear.

HSP occasionally comes back, usually within a few months, and may need further treatment.

A few (a very small number) of children who have HSP will have long-term problems, especially when their kidneys are affected. In about half of the children, small amounts of blood or protein are found in the urine. Very rarely there may be longer term kidney problems and because of this we advise regular urine checks after the HSP has gone away.

There are usually no special blood tests or scans needed to diagnose HSP, as the problems you report, and the rash, are generally enough; however, after diagnosis some blood tests might be needed to exclude complications.

What causes HSP?

The cause of HSP is unknown, but it is most triggered by a viral illness (e.g. a cold), and it seems to occur most often in the spring. HSP seems to be an unusual reaction of the body's immune system in response to infection. It is not known why some are affected whilst others aren't.

What are the potential complications?

Some children have complications – health problems- that happen because of the condition.

When the kidneys are involved, this may lead to:

- blood pressure that is too high (**hypertension**)
- swelling or puffiness in different parts of the body, especially around the eyes, legs and feet (oedema).

Very rarely, the kidney problems get worse quickly (rapidly progressive glomerulonephritis), and this may cause the kidneys to stop working over a short time (**acute kidney injury**).

Other complications include:

- in some boys, inflammation of the testicle (**orchitis**) – this may cause pain and/or swelling in the scrotum
- a blockage in the bowel causing acute pain and passing blood in stools (**intussusception**) – this needs surgical treatment
- very occasionally, the brain, spinal cord or lungs are affected.

How is HSP treated?

HSP usually gets better without any treatment. However, you may need some medicines to help with joint pain or tummy pain.

Paracetamol can help ease any pain.

Do not take ibuprofen without speaking to your doctor first

Follow-up- What happens:

Everyone with HSP will be asked to return to MDU (clinic) for a urine (wee) test & blood pressure check around 1 week after diagnosis. If these checks are normal the test will be repeated at 1 month, 3 months and 6 months after the episode of HSP.

If the urine stays normal, you will be discharged after the 6-month check, without the need for further follow-up.

If the nurses find blood or protein in the urine it does not mean that there are long term problems with the kidneys, but it does mean more tests may be needed.

You will be given a monitoring booklet in clinic which will include details of your review appointments, and information on what action may be required if something is found.

Very few children develop further problems, but it is important that you return for these checks, in case problems arise which need treatment. If you have any problems or concerns in between review appointments, you can contact the nurses on MDU, see your GP or return to A&E.

General Advice - When to seek help again urgently:

RED	If your child:	Ring 999 immediately for help
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	<ul style="list-style-type: none"> • Has a rash does not fade when a glass is pressed against it <u>and</u> feels and looks very unwell – for example, it's painful to look at bright lights or has a stiff neck • Severe tummy pain that is new • Blood their poo or wee • Not passing urine or wetting his nappies as usual or less than twice in 12 hours. • Testicular pain or swelling in boys 	<p>or go to A&E.</p>
AMBER	<p>If your child:</p> <ul style="list-style-type: none"> • Has a rash that does not fade when a glass is pressed against it (glass test) but you do not feel unwell, this could be HSP. • Joint swelling and pain that does not improve with Ibuprofen. 	<p>Immediately contact your GP or call NHS 111 and make an appointment to be seen that day face to face. If your child is already under a Paediatrician, you can contact the Medical Day Unit (MDU) on 0151 252 5767, Mon-Fri 9-5pm</p>
GREEN	<p>If your child:</p> <ul style="list-style-type: none"> • Has rash that fades when a glass is pressed against it. • Pain or swelling in their joints. • Puffy eyes • Tummy pain (Mild to moderate) 	<p>Contact your GP for advice and they can arrange for your child to be seen.</p>

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment. This information can be made available in other languages and formats if requested.

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