



A guide to...

Henoch-Schönlein Purpura

Patient Information

How to contact us

Non-urgent queries:

email: westherts.paediatrics@nhs.net Community nurses: 01707 710077

Urgent queries: Please contact your GP

If you need this leaflet in another language, large print, Braille or audio version, please call 01923 217 198 or email westherts.pals@nhs.net









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Information for Parents

What is Henoch-Schönlein Purpura (HSP)?

HSP is a condition in which there is inflammation of small blood vessels. It usually affects the skin, digestive system, and kidneys, and can cause symptoms such as rash, abdominal pain, joint pain, and blood in the urine. It is more common in the age group 2-11 years. It is named after the doctors who first discovered this condition.

What causes HSP?

The cause of HSP is not fully understood. However, it is believed to be related to the body's immune system reacting abnormally to an infection or other trigger. HSP is not contagious, and there is no evidence that it can be caused by any specific food, drug, or vaccine.

What are the symptoms of HSP?

The symptoms of HSP can vary, but may include:

- 1) Purple or red rash on the skin (purpura), often raised above the skin level and does not blanch (turn white when pressed), usually on the legs, buttocks, and feet
- 2) Abdominal pain, often in the area around the belly button
- 3) Joint pain and swelling, usually in the knees and ankles
- 4) Blood in the urine (which may appear brown or pink) and protein in the urine if there is associated inflammation of kidneys
- 5) Nausea and vomiting.

How is HSP diagnosed?

HSP is diagnosed based on a combination of symptoms and physical examination. Blood and urine tests may be used to check for signs of inflammation of kidneys, and to exclude other causes of the rash.

How is HSP treated?

There is no specific treatment for HSP, most of the symptoms will resolve on their own within a few days to weeks. Some patients may have minor recurrence of the symptoms in the following months. Treatment is generally focused on relieving symptoms and preventing complications. This may include:

- 1) Rest and hydration
- 2) Pain relief medication, such as paracetamol or ibuprofen
- 3) Medication to control high blood pressure, if needed
- 4) Steroid medication, in severe cases or cases with kidney involvement.

Follow-up Plan for HSP

After diagnosis, your child will have regular follow-up appointments with a Paediatrician to monitor their condition. The frequency of visits depends on the severity and the speed of recovery. The Paediatrician will assess progress, monitor symptoms, and order tests if needed. Parents should monitor their child's symptoms at home and report any concerns to their healthcare provider.

Monitoring and Support

Parents will be given Albustix for daily urinalysis for protein in the urine. The schedule for urine dipstick tests is as follows:

- Daily for two weeks
- Alternate days for two weeks
- Weekly for one month
- Fortnightly for one month
- Monthly for three months

A community nurse will check blood pressure:

- Twice a week for two weeks
- Weekly for two weeks
- Fortnightly for one month
- Stop if all normal

Outpatient follow-up

Consult with the attending specialist six to eight weeks after discharge.

When to seek medical attention

Seek immediate medical attention if your child's symptoms worsen or if they develop severe tummy pain, difficulty breathing, weakness in limbs, visible blood in urine, or blood in stool/vomit.

Inform the community nurse or go to the Children's Emergency Department if:

- Visible blood in urine
- Urine dipstick shows protein of 1-2+ for five consecutive days or 3+ protein for three consecutive days.
- Blood in stool/vomit or severe abdominal pain

In general, if you have any concerns about your child's health, it is best to speak to your healthcare provider.