**Henoch Schönlein Purpura (HSP)**

**Condition Description**
Henoch Schönlein Purpura (HSP) is a type of vasculitis, which means inflammation of the blood vessels. The exact cause of HSP is unknown and there is no specific test to diagnose.

In patients with HSP, the person’s own immune system attacks blood vessels in the skin, intestines, joints and kidneys. Inflammation in the blood vessel wall leads to bleeding into the skin, which causes the rash of HSP. Bleeding into the stool and urine can also occur. In North America, HSP is the most common form of vasculitis in children. It is most common in ages 3 to 15 years and is more common in boys than girls. It rarely occurs in adults. HSP can occur at any time of the year, though it is more common in the winter.

**Signs/Symptoms**

The classic symptom of HSP is a red to dark purple rash, called “purpura”, which is often most severe on the legs and buttocks. Other symptoms include painful swelling around the joints, swelling under the skin and abdominal pain. Many children with HSP recover completely, but up to one-third of patients can develop kidney disease. Treatment depends on the individual child’s symptoms. Monitoring for kidney disease plays an important role in early detection and treatment if this complication happens.

**Common Treatments**

Most children with HSP do not require any specific treatment and recover with time alone. Joint pain can often be controlled with rest and over-the-counter medications, such as acetaminophen, ibuprofen, or naproxen. Steroids given by mouth or through an IV infusion are typically given for severe abdominal pain. Your doctor can discuss if steroids would be necessary in your child.

Many children with HSP can be treated by their primary care provider (a general pediatrician or family practitioner). If symptoms are severe or additional expertise is needed, a rheumatologist can help evaluate and treat a child for HSP.

One of the most important parts of HSP management is monitoring for kidney disease. Temporary blood or protein in the urine is common. Children with worsening urinary findings like high blood pressure or rising creatinine (a blood marker of kidney function) should be seen by a nephrologist (kidney doctor). A biopsy may be needed to assess for kidney disease. Some children with kidney involvement will need treatment with long-term immune-suppressive medications to prevent kidney failure.

**Care/Management Tips**

Most children with HSP have ease of symptoms within a few weeks to months and recover completely. Even though HSP is usually a short-lived illness, having HSP can be stressful for children and families. The appearance of the rash can be distressing to a child. Some children experience joint or abdominal pain intense enough to require admission to the hospital.

In the first weeks of HSP, activities may be limited by joint or abdominal pain. Once these symptoms improve, children can go back to enjoying school and the activities that they love. If your child returns to school while the HSP rash is still visible, the school and teachers should know that the rash is not contagious.

After HSP symptoms resolve, up to one-third of children have a recurrence, usually within the first few months. It is important for families to know recurrences are common, especially of the rash. Recurrences are often milder and shorter than the first episode.

Urination screening and monitoring of the blood pressure is recommended for at least 6 months after the initial diagnosis, so it is important to follow the screening instructions provided by your doctor. Monitoring should happen weekly for at least 6 weeks after the diagnosis. Early detection of kidney problems is important to treat and prevent chronic kidney problems.