The guidelines have been made by a working group with staff from departments of paediatrics in Herning, Randers, Skejby and Viborg.

The intention with the guidelines is to provide parents with advice across the following sectors: health visitors, general practitioners (family doctors), doctors on call, and the staff at paediatric departments.

You can see and download the parent guidelines at the following homepage: www.rm.dk/via53376.html

You can order additional copies from Rikke Dalsgaard at the Regional Health Office, the Central Denmark Region, Skottenborg 28, 8800 Viborg. Rikke.Dalsgaard@stab.rm.dk

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**General information:**
Henochs-Schönlein purpura is an inflammation of the small blood vessels; it is caused neither by bacteria nor virus. Typically the inflammation is in the blood vessels of the skin, the intestinal wall and the kidneys. Small skin lesions can occur appearing as slightly swollen dark red or purple-coloured rash known as purpura. Lesions can also occur in the intestines or kidneys, which can result in abdominal pains and blood in stools and urine. The disease affects all age groups, but is most common in children between 2 and 11 years. Twice as many boys as girls get the disease.

**Causes:**
Although it is unknown what causes Henochs-Schönlein purpura. It is a kind of immunological disease where the immune system attacks itself so to speak and infections can be the trigger factor for infections in the upper airways.

**How is it contracted?**
Henochs-Schönlein purpura is neither hereditary nor contagious.

**Symptoms:**
Henochs-Schönlein purpura often affects the skin, joints, the digestive system and the kidneys, and the symptoms usually last 4-6 weeks.

**Skin:**
- The characteristic rash usually starts on the buttocks and legs, but can spread to the entire body
- There is little or no itching
- The scalp, eyelids, ears, lips, the back of the hands and feet, scrotum and perineum can all be swollen.

**Joints:**
- Swelling of knees, ankles, elbows and finger joints; joints are often affected symmetrically.

**The digestive system:**
- Colic-like pain that comes and goes
- Diarrhoea and vomiting with or without blood.

**Kidneys:**
- Blood and protein in the urine.

The impact on the kidneys is usually not serious, but it can last a long time.

**Good advice:**
Help the child to do less straining activities.

**When to see a doctor:**
Contact a doctor if the child develops one or more of the above symptoms.

Contact your general practitioner first because he/she knows your child better than the doctor on call. You can also get good advice and guidance from the health visitor.

**Treatment:**
- The symptoms are usually treated with pain relieving medication and fluids
- In the case of severe joint pain, other types of pain relieving medication can be used
- In the case of gastro-intestinal pains/bleeding, treatment with adrenal cortex hormone may be considered.
- Pain relieving medication is given as agreed with a doctor.

**Prevention:**
Not possible

**Daycare/School:**
As long as the child has the disease, it should take part in strenuous physical activities as little as possible. Later, the child can return to daycare or school and resume normal physical activities.