

CHILDREN
WITH

Henoch- Schönlein purpura



Children with
**Henoch-Schönlein
purpura**

General information:

Henoch-Schönlein purpura is an inflammation of the small blood vessels, which is caused neither by bacteria nor virus. Typically, the inflammation occurs in the blood vessels of the skin, the intestinal wall and the kidneys. Minor bleeding may occur in the skin, resulting in a slightly swollen dark red and/or purple-coloured rash known as purpura. Bleeding may also occur in the intestines and/or kidneys, which may result in stomach ache and blood in stools and urine. The condition may occur in all age groups, but is most common in children aged 2 to 11. Twice as many boys as girls get the disease.

Causes:

The cause of Henoch-Schönlein purpura is unknown, but it is a type of immunological disorder where the immune system attacks itself, so to speak. Infections may be the trigger factor for respiratory infections.

How is it contracted?

Henoch-Schönlein purpura is neither hereditary nor contagious.



Symptoms:

Henoch-Schönlein purpura most 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 may 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 may 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
- Diarrhea and vomiting with or without blood.

Kidneys:

- Blood and/or protein in the urine.

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

Good advice:

Help the child to do activities that are not physically straining.

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 your health visitor.

Treatment:

- The symptoms are usually treated with painkillers and fluids
- In case of severe joint pain, other types of painkillers may be used
- In the case of gastro-intestinal pains/bleeding, treatment with adrenocortical hormone may be considered.
- Painkillers must be given as agreed with a doctor.

Prevention:

Not possible

Childcare:

As long as the condition is present, the child should be as little physically active as possible. Later, the child may return to childcare or school and resume normal physical activity.

Parental guidelines

These guidelines have been prepared by a working group set up by the departments of paediatrics in Herning, Randers, Skejby and Viborg.

The intention with these 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 admission wards in the Central Denmark Region.

The parental guidelines can be seen and downloaded from the internet on the web site www.fv.rm.dk

You may order additional copies from Rikke Dalsgaard,
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