

HOME MONITORING

You will be given a prescription for a home urine testing system called **Albustix**.

Testing the urine with Albustix is a fast and easy way to monitor the extent of kidney involvement in your child's HSP. The *first urine of the morning* should be analyzed with the Albustix *once a week* for 3 months to identify the possible presence of protein and blood.

Albustix is dipped in the urine and allowed to sit for 60 seconds. The color is then compared to the color-coded scale provided on the Albustix bottle.

If the urine shows 0.3 grams per liter or more of protein, repeat the test daily for the next 2 days. If you are seeing protein every day for 3 or more days, please contact, or have your doctor contact a member of the hospital Nephrology Department (kidney specialists). The proteinuria might subside on its own, but often can require further investigation and/or treatment.

To ensure the best care, your child's primary care doctor (Family Physician or Pediatrician) should be informed of the HSP diagnosis. HSP is a relatively common diagnosis, and your doctor will likely be able to assist with further

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HSP

Henoch-Schonlein Purpura

Information



GENERAL INFORMATION

Henoch (H) and Schonlein (S) were two physicians who described this syndrome in which otherwise healthy children suddenly develop purplish bruising of the skin or "purpura" (P) in association with joint and abdominal pain.

Occasionally, this process may also affect other organs such as the kidneys or the testicles. In some rare cases it can also affect the central nervous system.

The cause of HSP is unknown but it appears to be related to an inappropriate response by the body's immune system to a previous infection. It usually affects children between the ages of 2 and 8 and is more common in boys. It is not contagious. In most cases the illness lasts about 2 weeks. One third of all affected children will have continuous or relapsing symptoms for as long as 2 years. The abdominal pain may sometimes precede the characteristic purpuric rash. In some cases, the abdominal and joint discomfort may resolve, yet the inflammation in the kidney (indicated by the presence of blood and/or protein in the urine) may begin up to 3 months later. If the kidney is involved continuously for a prolonged period, there may be significant kidney damage.

SYMPTOMS

Skin: Children develop purpuric spots of various sizes most commonly on dependent areas of the body such as the buttocks, knees, lower legs, ankles, and feet. The spots are usually initially raised, pink-red in color, then gradually turn to a brown-purplish color. The rash is usually not itchy.

Joints: Walking may be uncomfortable as many children have swelling and discomfort around the knees and other joints. These symptoms can last for weeks.

Gastrointestinal tract: Many children have cramp-like abdominal pain. Most cases of abdominal pain are not dangerous. However, some children may have vomiting and/or blood in their stool. These symptoms require prompt medical attention as they may indicate something more serious such as obstruction due to intussusception (the slipping of a length of intestine into an adjacent portion and getting stuck).

Kidneys: Some children develop kidney inflammation. This is painless but may be detected by the presence of blood in the urine (hematuria) and/or protein in the urine (proteinuria). Once the diagnosis of HSP is confirmed, regular testing of the urine is recommended to check for blood and protein for up to 3 months.

TREATMENT

Treatment is directed at relief of symptoms and reduction of the inflammatory process.

Non-steroidal anti-inflammatory drugs such as ibuprofen (Advil or Motrin) or Naprosyn are used to help relieve joint pain. When abdominal pain is severe, a short course (7 to 10 days) or prednisone may be helpful. Even during treatment, a physician should always evaluate significant abdominal pain or vomiting as it may represent a serious intestinal complication.

Home urine-protein monitoring is easy and essential to the early detection of kidney inflammation. If there is a significant amount of protein, high blood pressure or abnormal renal function, then a renal biopsy is required to evaluate the extent of the kidney injury. Depending on the results of the biopsy, treatment may be indicated.

While significant kidney involvement in HSP is not common, untreated active HSP kidney inflammation may cause permanent kidney damage, and chronic kidney failure.