Henoch-schonlein purpura (HSP)

HSP is a rare condition and is often triggered by a preceding infection such as a sore throat, cough or cold. The exact cause is unknown.

The rash is due to inflammation (swelling) of blood vessels in the skin leading to redness and bruising.

Organs, such as the kidneys, joints and the gut are sometimes affected by the inflammation.

HSP is not usually serious. The rash, joint pains and abdominal pains usually get better over days or weeks without needing any treatment. HSP often recurs (comes back) after the first attack.

Rarely, HSP can cause serious complications such as kidney failure or a type of blockage in the gut called intussusception or convulsions.

Dipstick test
To check if the HSP is causing your child’s kidneys to be inflamed a dipstick test is carried out on their urine. Almost all children who have HSP have some degree of kidney inflammation, which will cause tiny amounts of blood and protein to be in the urine.

It is possible to have kidney inflammation without any symptoms or signs other than a positive urine dipstick test.

Sometimes the kidney inflammation can develop weeks or months after the rash has gone. Kidney inflammation usually gets better without any complications or need for treatment but very rarely it can lead to kidney failure.

Performing a dipstick test
Collect the first urine your child does in the morning in a clean container, urine collected later in the day might have a falsely high level of protein in it. Before you leave the ward the nurses will show you how to dip the urine with the dipsticks and read off the protein and blood levels.

This test should be done weekly for four weeks then monthly unless your doctor tells you to do it more often.

This should be continued for six months or until there is no blood or protein on the dipsticks.

What the test is looking for
It is looking for microscopic amounts of blood or protein in the urine that cannot be seen with the naked eye. The dipsticks can detect other substances, such as ketones, but you can ignore these squares on the sticks.

What to do if blood is detected
When blood is seen on the dipstick for the first time you will need to contact the hospital so that your child’s blood pressure can be checked.
Blood detected in the dipstick is not usually a cause for concern and often continues for months in HSP.

Continue dip sticking your child’s urine once a month until it goes. No further action is needed if your child is well.

**If the urine looks red, rusty coloured or bloody to the naked eye** contact the hospital so we can check your child’s kidneys.

**Testing positive for protein**
Remember you should test your child’s first morning urine.

**If the protein is + or ‘trace’** then do the dipstick test once per month until your child is seen in outpatients. No further action is needed unless the amount of protein is increasing.

**If the protein is ++ or more** then do the dipstick test again the next day. If it is still ++ or more of protein then phone the hospital so we can check your child’s kidneys. You will probably be asked to collect one or more early morning urine samples to be sent to the lab and blood tests may be necessary.

**When to contact the hospital**
- If your child’s urine is red, rusty or blood coloured
- If your child’s urine has ++ or more of protein on the urine dipstick two days in a row
- If the joint swelling is very painful and especially if it stops your child walking
- If your child has severe tummy ache or vomits green fluid (bile) or has blood in their poo
- If your sons testicles are swollen or painful
- If your instincts as a parent tell you something is seriously wrong with your child.

**If you have any questions or concerns please contact**
Paediatric emergency assessment unit: 023 8079 8465 or
Phone: 023 8077 7222 to bleep the on call paediatric registrar, ask to bleep pager 2201.

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8079 4688 for help.