

LRI Children's Hospital

Henoch Schonlein Purpura HSP UHL Childrens Medical Guideline

Staff relevant to:	Clinical staff working within the UHL Children's Hospital.
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1. Introduction & Scope

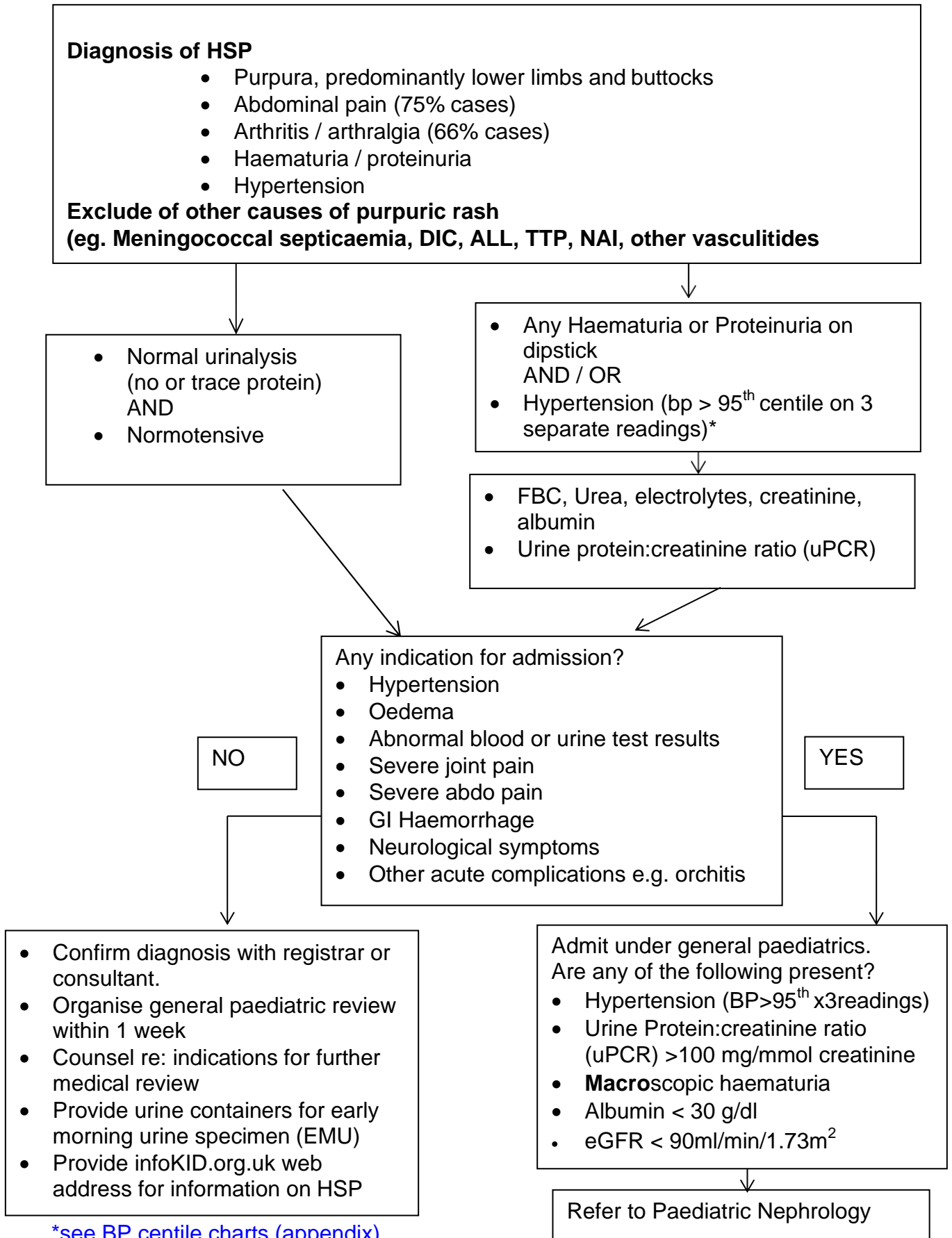
HSP is a multi-system vasculitic disorder which can affect: Skin, Joints, G.I, Renal, Cerebral, Scrotal area & Lungs. The major long term morbidity is related to renal involvement.

This guideline is intended for the use of health professionals caring for children with suspected or diagnosed Henoch Schönlein Purpura. It provides guidance on investigations, diagnosis, management and referral.

Related Documents:

[Urine Sample Collection UHL Childrens Guideline C90/2005](#)

2. Initial Management of Newly Diagnosed HSP



[*see BP centile charts \(appendix\)](#)

2.1 Clinical Procedure

Diagnosis: Usually clinical **No specific diagnostic test**
It is important to consider other causes of a non-blanching rash

ALL children require:

- Urine dipstick
- Blood pressure
- Assessment for fluid overload and nephrosis

Investigations: Consider the following if uncertainty about diagnosis

- FBC
- Clotting
- U&E
- Autoantibodies

If urinalysis shows 2+ proteinuria or more, check U&E's, Alb, FBC, urine Protein/creatinine ratio

Admit: **If considered clinically necessary e.g.**

- Severe symptoms of joint pain
- Severe abdominal pain
- G I haemorrhage
- Neurological symptoms
- Orchitis
- Evidence of acute glomerulonephritis, nephrotic syndrome or abnormal renal function (hypertension, oedema, abnormal blood or urine results)

Clinical course:

- HSP is usually self-limiting (most remit within 6 weeks).
- A minority may relapse
- Long term morbidity is related to renal involvement
- If the kidneys are involved, this usually manifests within 3 months from the date of onset – but can present up to 12 months later

Management:

- Joint symptoms:
Simple analgesia:
e.g. Paracetamol or NSAIDS
(discuss with nephrology if hypertensive or evidence of renal involvement)
- Abdominal pain:
Simple analgesia

Severe gut involvement consider oral
Prednisolone 1mg/kg/day (max
60mgs) for up to 2 weeks
Consider surgical review

- Renal involvement:

If Haematuria or proteinuria or
Hypertension
(BP>95th centile on three readings
see charts)
FBC, U&E's, Alb, Early morning
Urine Prot/creat ratio (uPCR)

Seek opinion of Paed Nephrologist if -

hypertensive,
uPCR >100mg/mmol, (early morning specimen)
Macroscopic haematuria
Alb <30g/dl
eGFR<90ml/min/1.73m² (height x 40/creat)

The aim is for early detection of those with severe renal involvement, for treatment with immunosuppression, prior to the development of scarring

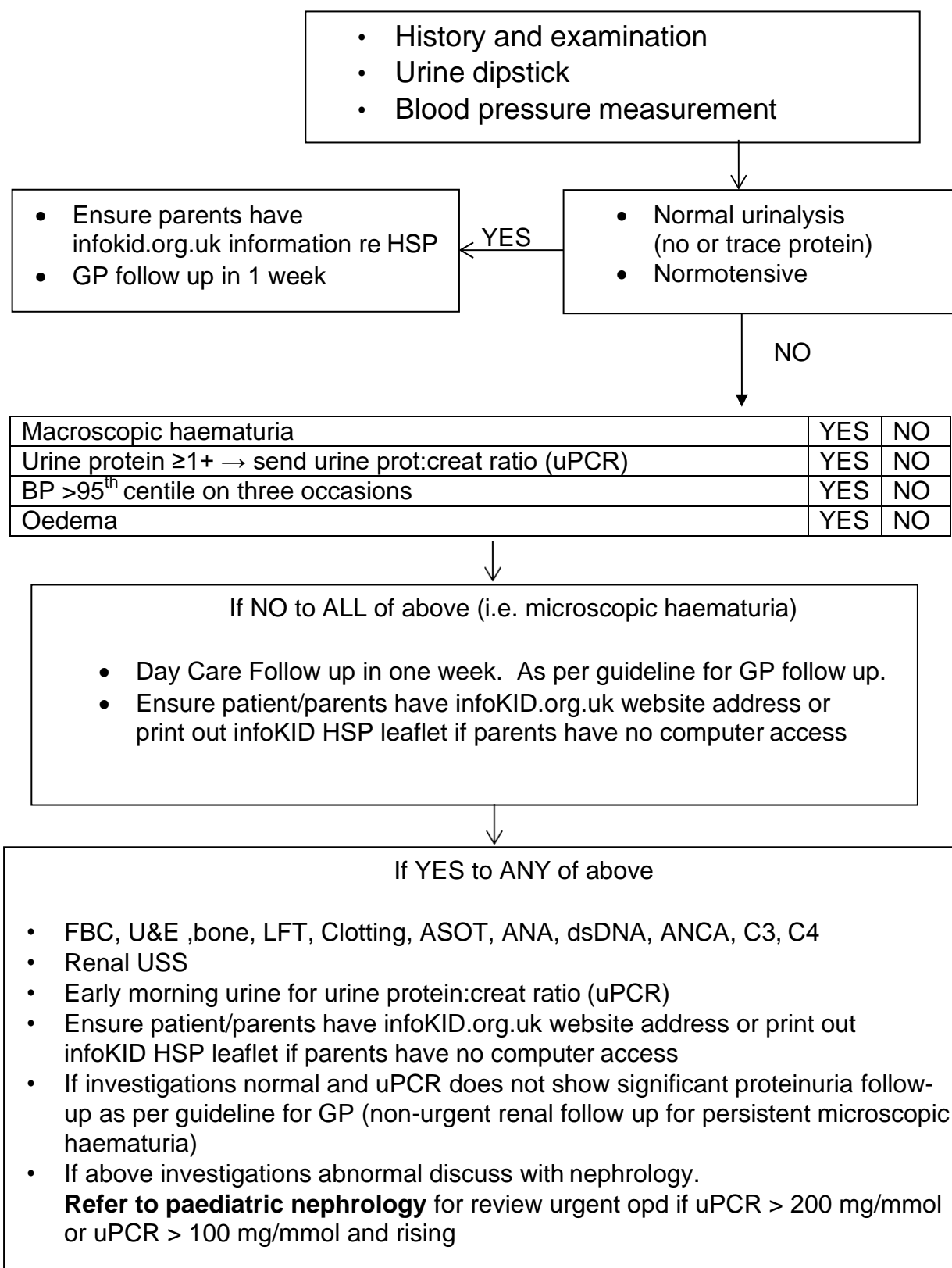
- **All patients** BP and early morning urine dipstick at 1 and 2 weeks 1, 3 and 6 months post diagnosis (consider requesting GP follow up with template letter, this can only occur if we can give GP > 1 weeks' notice, so first review should occur within hospital setting.)
- **Note also it may be unrealistic to expect GP's to screen for hypertension in the very young, if a small adult cuff is too big the child should attend a paediatric setting for BP screening**
- If all follow up is to occur within the hospital setting the same guidance for frequency and need for referral should be followed and it should be overseen by a member of the general paediatric team
- Review or early clinic appointment if symptomatic
- Children with recurrent episode should be monitored as for first episodes

2.2 FOLLOW UP referral to Paediatric Nephrology:

- Any child with persistent proteinuria (2+ or more) beyond 3 months from the onset.
- Persistent haematuria beyond 12 months
- Hypertension
- Abnormal renal function

ALL patients with confirmed renal involvement need long-term follow-up

General Paediatric Review at 1 Week Following Diagnosis



General Paediatric Pathway for children with HSP Nephritis

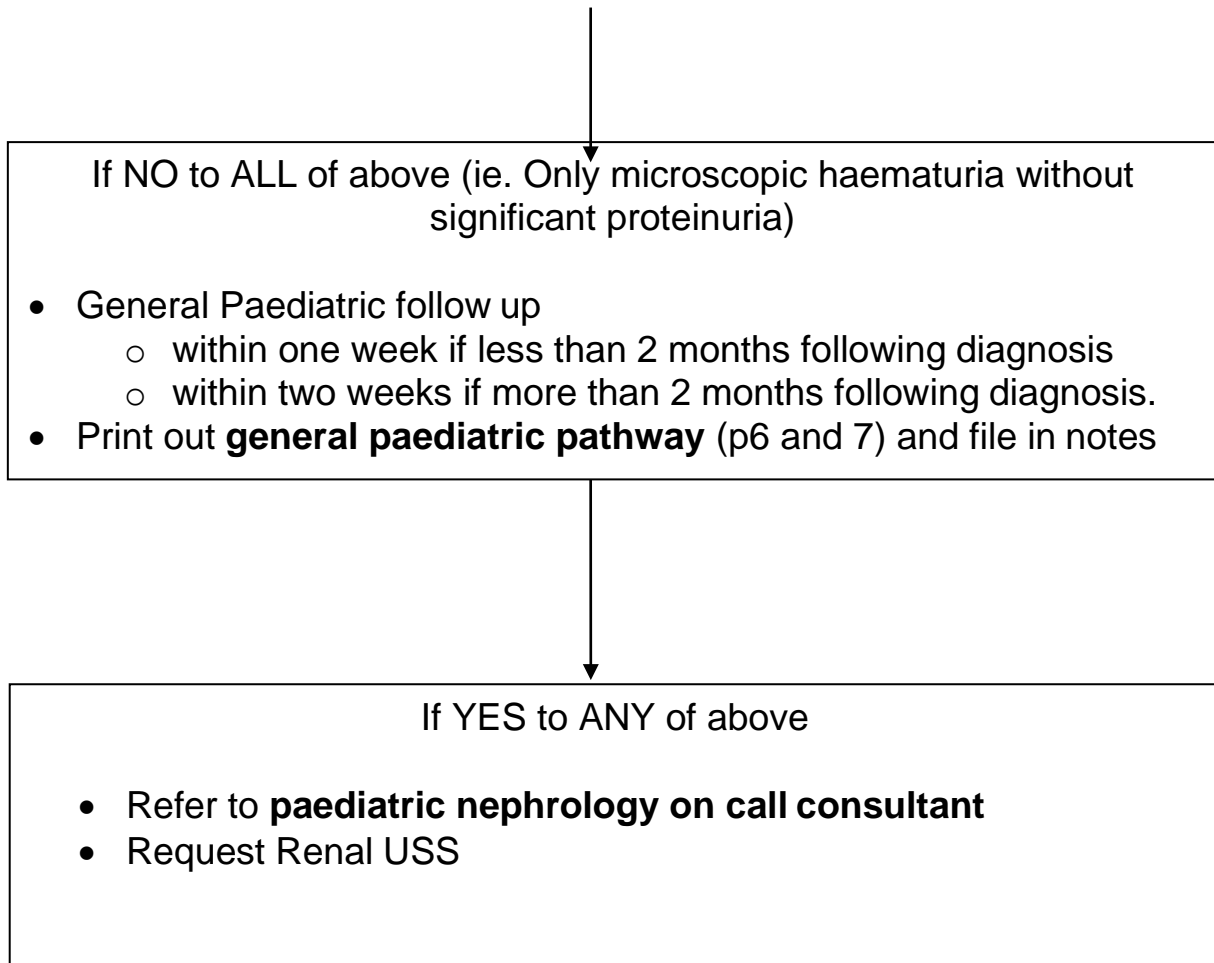
ie. All patients with **microscopic haematuria** with **no proteinuria** at **one week post diagnosis**

Date of diagnosis:	95th centile for bp:		
2 weeks post diagnosis (date):	Macroscopic haematuria	YES	NO
	Urine protein $\geq 1+$ → send urine prot:creat ratio (uPCR) uPCR >200 mg/mmol or >100 mg/mmol and increasing	YES	NO
	BP >95 th centile on three occasions	YES	NO
	Oedema	YES	NO
	If YES to any of above: 1) FBC, PRP, Clotting, ASOT, ANA, dsDNA, ANCA, C3, C4 2) Renal USS 3) Refer to paediatric nephrology – for review within 1 week		
If NO to all of above, arrange paediatric review for 1 month following diagnosis			
1 month post diagnosis (date):	Macroscopic haematuria	YES	NO
	Urine protein $\geq 1+$ → send urine prot:creat ratio (uPCR) uPCR >200 mg/mmol or >100 mg/mmol and increasing	YES	NO
	BP >95 th centile on three occasions	YES	NO
	Oedema	YES	NO
	If YES to any of above: 1) FBC, PRP, Clotting, ASOT, ANA, dsDNA, ANCA, C3, C4 2) Renal USS 3) Refer to paediatric nephrology – for review within 2 weeks		
If NO to all of above, arrange paediatric review for 2 months following diagnosis			
2 months post diagnosis (date):	Macroscopic haematuria	YES	NO
	Urine protein $\geq 1+$ → send urine prot:creat ratio (uPCR) uPCR >100 mg/mmol	YES	NO
	BP >95 th centile on three occasions	YES	NO
	Oedema	YES	NO
	If YES to any of above: 1) FBC, PRP, Clotting, ASOT, ANA, dsDNA, ANCA, C3, C4 2) Renal USS 3) Refer to paediatric nephrology – for review within 2 weeks		
If NO to all of above, arrange paediatric review for 3 months following diagnosis			
3 months post diagnosis (date):	Macroscopic haematuria	YES	NO
	Urine protein $\geq 1+$ → send urine prot:creat ratio (uPCR) uPCR >100 mg/mmol	YES	NO
	BP >95 th centile on three occasions	YES	NO
	Oedema	YES	NO
	If YES to any of above: 1) FBC, PRP, Clotting, ASOT, ANA, dsDNA, ANCA, C3, C4 2) Renal USS 3) Refer to paediatric nephrology – for review within 1 month		
If NO to all of above, arrange paediatric review for 6 months following diagnosis			

6 months post diagnosis (date):	Macroscopic haematuria	YES	NO
	Urine protein $\geq 1+$ → send urine prot:creat ratio (uPCR) uPCR >100 mg/mmol	YES	NO
	BP $>95^{\text{th}}$ centile on three occasions	YES	NO
	Oedema	YES	NO
	If YES to any of above: 1) FBC, PRP, Clotting, ASOT, ANA, dsDNA, ANCA, C3, C4 2) Renal USS 3) Refer to paediatric nephrology – for review within 1 month		
If NO to all of above, arrange paediatric review for 12 months following diagnosis			
12 months post diagnosis (date):	Macroscopic OR MICROSCOPIC haematuria	YES	NO
	Urine protein $\geq 1+$ → send urine prot:creat ratio (uPCR) uPCR >50 mg/mmol	YES	NO
	BP $>95^{\text{th}}$ centile on three occasions	YES	NO
	Oedema	YES	NO
	If YES to any of above: 1) FBC, PRP, Clotting, ASOT, ANA, dsDNA, ANCA, C3, C4 2) Renal USS 3) Refer to paediatric nephrology – for routine review		
Continue to review 6 monthly			
If NO to all of above for 2 consecutive clinic visits 6 months apart and			
If urinalysis negative for ≥ 6 months and never had a history of proteinuria $\geq 1+$		Discharge – no further follow up	
If urinalysis negative for ≥ 6 months but history of proteinuria $\geq 1+$		Discharge - arrange lifelong annual GP • review of BP • urine dipstick for proteinuria • All female patients should be counselled about the need to tell their GP and obstetrician about their history of HSP if they become pregnant.	

Pathway for patients referred back during GP assessment period:

Macroscopic haematuria	YES	NO
Urine protein $\geq 1+$ → send urine prot:creat ratio uPCR >200 mg/mmol or >100 mg/mmol and increasing	YES	NO
BP $>95^{\text{th}}$ centile on three occasions	YES	NO
Oedema	YES	NO



Source of useful information for parents: <https://www.infokid.org.uk/>

3. Education and Training

No new training is required to implement this guideline.

4. Monitoring and Audit Criteria

None

5. Supporting Documents and Key References

1. Nottingham University Hospital Clinical Guideline for the Management of Henoch Schönlein Purpura. Revised Nov 2019
2. Narchi H. Risk of long term renal impairment and duration of follow up recommended for Henoch Schönlein purpura with normal or minimal urinary findings: a systematic review. *Arch Dis Child* 2005;90;916-920
3. Tizard E J, Hamilton-Ayres M J J. Henoch-Schönlein Purpura. *Arch Dis Child Pract Ed.*2008;93:1-8

6. Key Words

Haematuria, Henoch Schönlein Purpura, HSP, Hypertension, Proteinuria, Nephrology, Urinalysis

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact & review details	
Guideline Lead (Name and Title) A. Hall - Associate Specialist	Executive Lead Chief Medical Officer
Details of Changes made during review: Removed COVID specific related guidance Added assessment pathways	



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HSP Letter for GP if urinalysis/blood pressure normal.

Date: ___/___/___ Date of Diagnosis: ___/___/___

Dear Dr _____,

RE:

has been diagnosed with Henoch-Schönlein Purpura (HSP). The urinalysis was normal and the blood pressure was: ___/___ using a small adult / adult cuff.

95% centile blood pressure for height centile is / .

All children with HSP require follow up screening for the development of HSP nephritis which will develop in **up to 50%** of patients, usually within the first 6 weeks, but sometimes up to 6 months after the initial episode.

We would be grateful if you could perform on-going clinical review according to the proforma below and refer to the **paediatrician on call** if any signs of nephritis develop.

2 weeks post diagnosis (date):	Macroscopic or microscopic haematuria	Yes	No
	Urine protein ≥1+	Yes	No
	BP >95th centile on three occasions	Yes	No
	Oedema	Yes	No

If YES to ANY of above refer to paediatrician on call (isolated microscopic haematuria can be referred for outpatient assessment)
 No to all of above, review 1 month following diagnosis.

4 weeks post diagnosis (date):	Macroscopic or microscopic haematuria	Yes	No
	Urine protein ≥1+	Yes	No
	BP >95th centile on three occasions	Yes	No
	Oedema	Yes	No

If YES to ANY of above refer to paediatrician on call (isolated microscopic haematuria can be referred for outpatient assessment)

No to all of above, review 3 months following diagnosis.

3 months post diagnosis (date):	Macroscopic or microscopic haematuria	Yes	No
	Urine protein $\geq 1+$	Yes	No
	BP >95th centile on three occasions	Yes	No
	Oedema	Yes	No

If YES to ANY of above refer to paediatrician on call (isolated microscopic haematuria or low grade proteinuria can be referred for outpatient assessment)

No to all of above, review 6 months following diagnosis.

6 months post diagnosis (date):	Macroscopic or microscopic haematuria	Yes	No
	Urine protein $\geq 1+$	Yes	No
	BP >95th centile on three occasions	Yes	No
	Oedema	Yes	No

If YES to ANY of above refer to paediatrician on call (isolated microscopic haematuria or low grade proteinuria can be referred for outpatient assessment)

No to all of above, no further follow up required.

Please note if a child has recurrent episodes of HSP it is advised that their follow up is commenced from the beginning as for first presentation. Children with recurrent episodes are at increased risk of long term problems. Thank you for your assistance in the management of this child.

BP Centile Charts

Age	BP centile	Boys - Height Centile													
		SBP							DBP						
		5%	10%	25%	50%	75%	90%	95%	5%	10%	25%	50%	75%	90%	95%
1	50 th	85	85	86	86	87	88	88	40	40	40	41	41	42	42
	90 th	98	99	99	100	100	101	101	52	52	53	53	54	54	54
	95 th	102	102	103	103	104	105	105	54	54	55	55	56	57	57
	95 th +12	114	114	115	115	116	117	117	66	66	67	67	68	69	69
2	50 th	87	87	88	89	89	90	91	43	43	44	44	45	46	46
	90 th	100	100	101	102	103	103	104	55	55	56	56	57	58	58
	95 th	104	105	105	106	107	107	108	57	58	58	59	60	61	61
	95 th +12	116	117	117	118	119	119	120	69	70	70	71	72	73	73
3	50 th	88	89	89	90	91	92	92	45	46	46	47	48	49	49
	90 th	101	102	102	103	104	105	105	58	58	59	59	60	61	61
	95 th	106	106	107	107	108	109	109	60	61	61	62	63	64	64
	95 th +12	118	118	119	119	120	121	121	72	73	73	74	75	76	76
4	50 th	90	90	91	92	93	94	94	48	49	49	50	51	52	52
	90 th	102	103	104	105	105	106	107	60	61	62	62	63	64	64
	95 th	107	107	108	108	109	110	110	63	64	65	66	67	67	68
	95 th +12	119	119	120	120	121	122	122	75	76	77	78	79	79	80
5	50 th	91	92	93	94	95	96	96	51	51	52	53	54	55	55
	90 th	103	104	105	106	107	108	108	63	64	65	65	66	67	67
	95 th	107	108	109	109	110	111	112	66	67	68	69	70	70	71
	95 th +12	119	120	121	121	122	123	124	78	79	80	81	82	82	83
6	50 th	93	93	94	95	96	97	98	54	54	55	56	57	57	58
	90 th	105	105	106	107	109	110	110	66	66	67	68	68	69	69
	95 th	108	109	110	111	112	113	114	69	70	70	71	72	72	73
	95 th +12	120	121	122	123	124	125	126	81	82	82	83	84	84	85
7	50 th	94	94	95	97	98	98	99	56	56	57	58	58	59	59
	90 th	106	107	108	109	110	111	111	68	68	69	70	70	71	71
	95 th	110	110	111	112	114	115	116	71	71	72	73	73	74	74
	95 th +12	122	122	123	124	126	127	128	83	83	84	85	85	86	86
8	50 th	95	96	97	98	99	99	100	57	57	58	59	59	60	60
	90 th	107	108	109	110	111	112	112	69	70	70	71	72	72	73
	95 th	111	112	112	114	115	116	117	72	73	73	74	75	75	75
	95 th +12	123	124	124	126	127	128	129	84	85	85	86	87	87	87
9	50 th	96	97	98	99	100	101	101	57	58	59	60	61	62	62
	90 th	107	108	109	110	111	112	113	70	71	72	73	74	74	74
	95 th	112	112	113	115	116	118	119	74	74	75	76	76	77	77
	95 th +12	124	124	125	127	128	130	131	86	86	87	88	88	89	89
10	50 th	97	98	99	100	101	102	103	59	60	61	62	63	63	64
	90 th	108	109	111	112	113	115	116	72	73	74	74	75	75	76
	95 th	112	113	114	116	118	120	121	76	76	77	77	78	78	78
	95 th +12	124	125	126	128	130	132	133	88	88	89	89	90	90	90
11	50 th	99	99	101	102	103	104	106	61	61	62	63	63	63	63
	90 th	110	111	112	114	116	117	118	74	74	75	75	75	76	76
	95 th	114	114	116	118	120	123	124	77	78	78	78	78	78	78
	95 th +12	126	126	128	130	132	135	136	89	90	90	90	90	90	90
12	50 th	101	101	102	104	106	108	109	61	62	63	63	63	63	63
	90 th	113	114	115	117	119	121	122	75	75	75	75	75	76	76
	95 th	116	117	118	121	124	126	128	78	78	78	78	78	79	79
	95 th +12	128	129	130	133	136	138	140	90	90	90	90	90	91	91
13	50 th	103	104	105	108	110	111	112	61	60	61	62	63	64	65
	90 th	115	116	118	121	124	126	126	74	74	74	75	76	77	77
	95 th	119	120	122	125	128	130	131	78	78	78	78	80	81	81
	95 th +12	131	132	134	137	140	142	143	90	90	90	90	92	93	93
14	50 th	105	106	109	111	112	133	133	60	60	62	64	65	66	67
	90 th	119	120	123	126	127	128	129	74	74	75	77	78	79	80
	95 th	123	125	127	130	132	133	134	77	78	79	81	82	83	84
	95 th +12	135	137	139	142	144	145	146	89	90	91	93	94	95	96
15	50 th	108	110	112	113	114	114	114	61	62	64	65	66	67	68
	90 th	123	124	126	128	129	130	130	75	76	78	79	80	81	81
	95 th	127	129	131	132	134	135	135	78	79	81	83	84	85	85
	95 th +12	139	141	143	144	146	147	147	90	91	93	95	96	97	97
16	50 th	111	112	114	115	115	116	116	63	64	66	67	68	69	69
	90 th	126	127	128	129	131	131	132	77	78	79	80	81	82	82
	95 th	130	131	133	134	135	136	137	80	81	83	84	85	86	86
	95 th +12	142	143	145	146	147	148	149	92	93	95	96	97	98	98
17	50 th	114	115	116	117	117	118	118	65	66	67	68	69	70	70
	90 th	128	129	130	131	132	133	134	78	79	80	81	82	82	83
	95 th	132	133	134	135	137	138	138	81	82	84	85	86	86	87
	95 th +12	144	145	146	147	149	150	150	93	94	96	97	98	98	99

Age	BP centile	Girls - Height Centile													
		SBP							DBP						
		5%	10%	25%	50%	75%	90%	95%	5%	10%	25%	50%	75%	90%	95%
1	50 th	84	85	86	86	87	88	88	41	42	42	43	44	45	46
	90 th	98	99	99	100	101	102	102	54	55	55	56	57	58	58
	95 th	101	102	102	103	104	105	105	59	59	60	60	61	62	62
	95 th +12	113	114	114	115	116	117	117	71	71	72	72	73	74	74
2	50 th	87	87	88	89	90	91	91	45	46	47	48	49	50	51
	90 th	101	101	102	103	104	105	106	58	58	59	60	61	62	62
	95 th	104	105	106	106	107	108	109	62	63	63	64	65	66	66
	95 th +12	116	117	118	118	119	120	121	74	75	75	76	77	78	78
3	50 th	88	89	89	90	91	92	93	48	48	49	50	51	53	53
	90 th	102	103	104	104	105	106	107	60	61	61	62	63	64	65
	95 th	106	106	107	108	109	110	110	64	65	65	66	67	68	69
	95 th +12	118	118	119	120	121	122	122	76	77	77	78	79	80	81
4	50 th	89	90	91	92	93	94	94	50	51	51	53	54	55	55
	90 th	103	104	105	106	107	108	108	62	63	64	65	66	67	67
	95 th	107	108	109	109	110	111	112	66	67	68	69	70	70	71
	95 th +12	119	120	121	121	122	123	124	78	79	80	81	82	82	83
5	50 th	90	91	92	93	94	95	96	52	52	53	55	56	57	57
	90 th	104	105	106	107	108	109	110	64	65	66	67	68	69	70
	95 th	108	109	109	110	111	112	113	68	69	70	71	72	73	73
	95 th +12	120	121	121	122	123	124	125	80	81	82	83	84	85	85
6	50 th	92	92	93	94	96	97	97	54	54	55	56	57	58	59
	90 th	105	106	107	108	109	110	111	67	67	68	69	70	71	71
	95 th	109	109	110	111	112	113	114	70	71	72	72	73	74	74
	95 th +12	121	121	122	123	124	125	126	82	83	84	84	85	86	86
7	50 th	92	93	94	95	97	98	99	55	55	56	57	58	59	60
	90 th	106	106	107	109	110	111	112	68	68	69	70	71	72	72
	95 th	109	110	111	112	113	114	115	72	72	73	73	74	74	75
	95 th +12	121	122	123	124	125	126	127	84	84	85	85	86	86	87
8	50 th	93	94	95	97	98	99	100	56	56	57	59	60	61	61
	90 th	107	107	108	110	111	112	113	69	70	71	72	72	73	73
	95 th	110	111	112	113	115	116	117	72	73	74	74	75	75	75
	95 th +12	122	123	124	125	127	128	129	84	85	86	86	87	87	87
9	50 th	95	95	97	98	99	100	101	57	58	59	60	60	61	61
	90 th	108	108	109	111	112	113	114	71	71	72	73	73	73	73
	95 th	112	112	113	114	116	117	117	74	74	75	75	75	75	75
	95 th +12	124	124	125	126	128	129	130	86	86	87	87	87	87	87
10	50 th	96	97	98	99	101	102	103	58	59	59	60	61	61	62
	90 th	109	110	111	112	113	115	116	72	73	73	73	73	73	73
	95 th	113	114	114	116	117	119	120	75	75	76	76	76	76	76
	95 th +12	125	126	126	128	129	131	132	87	87	88	88	88	88	88
11	50 th	98	99	101	102	104	105	106	60	60	60	61	62	63	64
	90 th	111	112	113	114	116	118	120	74	74	74	74	74	75	75
	95 th	115	116	117	118	120	123	124	76	77	77	77	77	77	77
	95 th +12	127	128	129	130	132	135	136	88	89	89	89	89	89	89
12	50 th	102	102	104	105	107	108	108	61	61	61	62	64	65	65
	90 th	114	115	116	118	120	122	122	75	75	75	75	76	76	76
	95 th	118	119	120	122	124	125	126	78	78	78	78	79	79	79
	95 th +12	130	131	132	134	136	137	138	90	90	90	90	91	91	91
13	50 th	104	105	106	107	108	108	109	62	62	63	64	65	65	66
	90 th	116	117	119	121	122	123	123	75	75	75	76	76	76	76
	95 th	121	122	123	124	126	126	127	79	79	79	79	80	80	81
	95 th +12	133	134	135	136	138	138	139	91	91	91	91	92	92	93
14	50 th	105	106	107	108	109	109	109	63	63	64	65	66	66	66
	90 th	118	118	120	122	123	123	123	76	76	76	76	77	77	77
	95 th	123	123	124	125	126	127	127	80	80	80	80	81	81	82
	95 th +12	135	135	136	137	138	139	139	92	92	92	92	93	93	94
15	50 th	105	106	107	108	109	109	109	64	64	64	65	66	67	67
	90 th	118	119	121	122	123	123	124	76	76	76	77	77	78	78
	95 th	124	124	125	126	127	127	128	80	80	80	81	82	82	82
	95 th +12	136	136	137	138	139	139	140	92	92	92	93	94	94	94
16	50 th	106	107	108	109	109	110	110	64	64	65	66	66	67	67
	90 th	119	120	122	123	124	124	124	76	76	76	77	78	78	78
	95 th	124	125	125	127	127	128	128	80	80	80	81	82	82	82
	95 th +12	136	137	137	139	139	140	140	92	92	92	93	94	94	94
17	50 th	107	108	109	110	110	110	111	64	64	65	66	66	66	67
	90 th	120	121	123	124	124	125	125	76	76	77	77	78	78	78
	95 th	125	125	126	127	128	128	128	80	80	80	81	82	82	82
	95 th +12	137	137	138	139	140	140	140	92	92	92	93	94	94	94