<https://doi.org/10.47660/CBR.2020.17031>

HENOCH-SCHÖNLEIN PURPURA: A RETROSPECTIVE COHORT OF 135 PATIENTS WITH UP TO 10 YEARS OF FOLLOW-UP

Vanessa de Quadros Martins^{1,*}, Jean Paulo Veronese de Souza¹, Karol Levien Dora², Fernanda de Oliveira Chiaradia², Marília Comissoli Brust², Deise Marcela Piovesan¹, Bárbara Mendes da Silva¹, Marcelo Maltchik¹, Roberta Casanova Wilhelms¹, Camila Schafer¹, Markus Bredemeier¹, Iloite Maria Scheibel²

1. Hospital Nossa Senhora da Conceição, Porto Alegre (RS), Brazil. 2. Hospital da Criança Conceição, Porto Alegre (RS), Brazil.

*Corresponding author: vanessamartinsmed@gmail.com

BACKGROUND

Henoch–Schönlein purpura (HSP) is the most common childhood vasculitis, with an estimated incidence of 10 to 30 cases for every 100,000 children. Manifestations of the disease classically involve purpura, arthralgia, and peripheral edema; visceral edema (which may cause intussusception) and renal complications [systemic arterial hypertension (SAH) and chronic kidney disease] may be present. Our study reports a cohort of 135 children with HSP followed-up for up to 10 years after the initial diagnosis.

MATERIALS AND METHODS

All children diagnosed with HSP at Hospital da Criança Conceição between January 2010 and December 2019 were followed-up through review of electronic medical records and telephone contact. Standard questionnaires were filled-out to record the patients' clinical evolution.

RESULTS

The children's average age at the onset of symptoms was 5 years and 8 months, ranging from 7 months and 2 days to 13 years and 9 months. Seventy children (51.9%) were male. The average duration of outpatient follow-up after the diagnosis of PHS was 566.9 days, with a median of 200 days (ranging from 3 to 3792 days). Forty children (29.6%) reported symptoms of respiratory tract infection preceding the symptoms of purpura, while 15 children (11.1%) reported recent gastrointestinal tract infection. Arthralgia and/or arthritis occurred in 57% of the patients. Soft tissue edema (55.6%) and mild gastrointestinal involvement (43% of abdominal pain and/or vomiting) were the clinical findings most simultaneously associated with skin changes. Digestive bleeding was described in seven children (5.2%) and the occurrence of arterial hypertension was found in 1.5% of the children evaluated. Among children presenting renal abnormalities, microscopic hematuria (17.0%) and proteinuria (18.5%) were the most frequent findings in laboratory tests. Two children (1.5%) underwent renal biopsy due to persistent proteinuria, but had a benign evolution over 2 years of follow-up. Prednisone or equivalent was used in 84 children (62.2%) for an average of 7 days, while analgesics and anti-inflammatories were prescribed in 18.5 and 7.4% of patients, respectively. Only 26 children (17.7%, 13 were female) presented recurrence after resolution of the initial HSP episode, occurring after a mean period of 23 days. The most common urinary abnormalities found in these cases of recurrence were hematuria (15.0%), usually microscopic (11.0%), and proteinuria (11.0%). Renal insufficiency was not observed in our cohort; SAH was observed only at disease presentation and was not sustained in any of the cases.

CONCLUSION

Henoch–Schönlein purpura showed a benign course over time in our cohort and the use of glucocorticoids was the most frequent drug intervention used for treatment of articular and gastrointestinal manifestations.