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A CASE HENOCH SCHONLEIN PURPURA-CASE REPORT

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Abstract: **Henoch Schonlein Purpura is the most common systemic vasculitis. In the majority of children, the outcome of Henoch Schonlein Purpura is excellent with spontaneous resolution of symptoms and signs. However, a small subset of patients will develop long term sequelae in the form of chronic kidney disease. HSP patients could have various clinical symptoms and rare complications knowing well the diversiform clinical features of HSP could help us to make the correct diagnosis and give right cure and nursing. This is a case of 6 years old female patient who came with chief complaints of red colour rashes over the lower limb since 20 days. She developed fever which was subsided in taking medication later she developed erythematous macule patches over the both legs B/L which was asymptomatic in nature and lesion gradually progress towards the proximal end involving the whole legs and thighs B/L. This condition is often treated with steroids as it modifies or stimulates hormone effects, often to reduce inflammation or tissue growth and repair. Supportive care like delivering fluids, medication or blood directly into a vein can be done.**

Keywords: **Henoch Schonlein Purpura; Rashes; Vasculitis; Children; Multiple Erythematous macular.**

I. INTRODUCTION

Henoch schonlein purpura is a common and self-limiting disease in children. HSP is the most common vasculitis in children. HSP is an immunoglobulin A (IgA)-mediated systemic small vessel vasculitis, with IgA deposition in vessel walls leading to symptoms involving the skin, joints, intestine and kidneys. It is a subset of necrotizing vasculitis characterized by fibrinoid destruction of blood vessels and leukocytoclasis. The clinical features of HSP include cutaneous purpura, arthritis, abdominal pain, haematuria/proteinuria,GI bleeding and nephritis. HSP is typically an acute, self-limited illness and treatment is primarily supportive.[1]

The diagnosis of HSP is best determined by presence of purpura or petechiae with a lower limb predominance in addition to 1 or more of the following- Abdominal pain, Arthritis or Arthralgia, Renal impairment, positive histopathologic findings.[2] Additional symptoms include fever, scrotal pain, edema. Treatment is symptomatic and might include mild analgesics such as acetaminophen and NSAIDs.[1] The basic principles of supportive care consist of maintenance of good hydration, symptomatic pain relief and monitoring for development of complications.[2]

II. CASE REPORT

This is a case of 6 year old female patient who came with chief complaints of red colour rash over the lower limb since 20 days. She developed fever which was subsided in taking medication later she developed erythematous macule patches over the both legs B/L which was asymptomatic in nature and lesion gradually progress towards the proximal end involving the whole legs and thighs B/L. H/o topical application following appearance of rashes that not subsided.On physical examination of patient show multiple erythematous macular patches present over the both lower extremist B/L non blanchable. Xenosis noted over the both legs.The primary goal of the therapy is to improve symptoms to reduce complications. As in case of Henoch schonlein purpura symptomatic treatment(ensuring adequate hydration, monitoring abdominal and renal complication) is preferred. To treat this conditions T-Bact ointment L/A, T-Wysolone (20mg bid per oral), T.Xyzal (5mg SOS per oral) along with T.Crocin (500mg bid per oral). Also, Calamin lotion L/A was also

recommended. The main goal of the therapy was to improve quality of life, regular monitoring and symptomatic relief. Regular monitoring was done and symptomatic condition reduced.

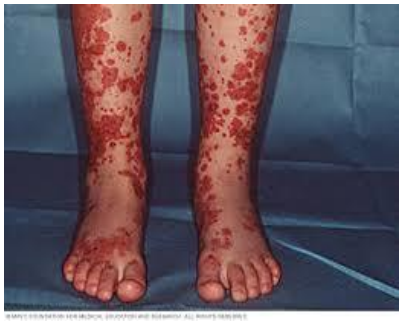

Figure 1: purpuric rash of HSP[3]

III. DISCUSSION

HSP is the commonest, mainly self-limiting, systemic vasculitis in childhood, its etiology and pathogenesis remain still to be fully understood. Many chemical and infectious triggers have been recognized for the HSP typical vascular IgA deposition, including drugs and vaccines beside the role played by immunological, genetic and environmental factors. [4] HSP patient could have various clinical symptoms and rare complications knowing well the diversiform clinical features of HSP could help us to make the correct diagnosis and give right cure and nursing. This condition is often treated with steroids as it modifies or stimulates hormone effects, often to reduce inflammation or tissue growth and repair. Supportive care like delivering fluids, medication or blood directly into a vein can be done.

IV. CONCLUSION

HSP is a relatively common disorder. In about 95% of cases, the course is benign, and children do well with no long term complications. 5% of cases are complicated by long term hypertension with less than 1% developing end stage renal disease. Long term morbidity of HSP is predominantly attributed to renal involvement. The emergency physician should be aware of the more serious complications of this disorder and arrange appropriate care and follow up as indicated by the presenting clinical condition

REFERENCES

[1] Bluman J, Goldman DR. Henoch-Schonlein purpura. Can Fam Physician. 2014 Nov;60(11):1007-10. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4229160/

[2] Trnka P. Henoch-Schonlein purpura in children. J Paediatr child health. 2013Dec;49(12):995-1003. Available at: doi:10.111/jpc.12403.Epub2013oct18.

[3] henoch schonlein purpura images- Google search[Internet]. Google.co.in.2018. Available from: https://www.google.co.in/search?q=henoch+schonlein+purpura+images&clien.android-

[4] Dalt DA, Zerbinati C, Strafella SM, Renna S et al., Henoch-Schonlein purpura and drug and vaccine use in childhood: a case-control study. Italiana di pediatria. 2016Jun;42(60). Available at: DOI 10.1186/s13052-016-0267-2