**SAQ 4**

An otherwise well 8 year old boy presents to your ED with a rash as shown. You make the diagnosis of Henoch Schonlein Purpura (HSP).



1. Complete the table below by listing one (1) clinical feature and one (1) complication of HSP that affects each of the body systems listed.

(Marked out of 8.0)

| **Body system** | **Clinical Features** | **Complication** |
| --- | --- | --- |
| **Renal** | Proteinuria/haematuria, HT | Nephrotic/Nephritic syndrome, renal failure  NOT Acute tubular necrosis |
| **Skin** | Usually symmetrical palpable purpura, petechial and ecchymosis  Gravity/pressure-dependent areas (buttocks, lower limbs)  Painful subcutaneous oedema, periorbital/dependent areas (hands, feet, scrotum) | Secondary infection |
| **Joints** | Arthritis/arthralgias usually large joints of lower limbs, occasionally upper limbs  Usually no significant effusion or warmth | In ability to mobilise due to pain |
| **Abdominal** | Abdominal pain | Intussusception, bowel obstruction, GI haemorrhage, bowel ischemia/necrosis/perforation, protein losing enteropathy, pancreatitis |

*OA is not complication of HSP arthritis*

*Skin – ‘superinfection’*

*Pain is a clinical feature not a complication*

*Renal failure from vasculitis not ATN*

*Usually no scarring*

*‘confused for alternative diagnosis’ – not complication*

1. List four (4) aspects of your management of this child.

(Marked out of 4.0)

-Analgesia bed rest, paracetamol, NSAID

-Ensure well hydrated – usually oral

-Steroids – reduces duration of abdominal and joint pain

-Seek/treat complications – with details

-Disposition – admission if complications, d/c home if no complications

-Follow-up – GP, Paediatrician to identify subsequent renal involvement which rarely requires a renal biopsy +/- immunosuppression – weekly for first month, fortnightly from 5-12 weeks, single reviews at 6 and 12 months, Return to weekly if there is a clinical disease flare

*FBE, BP, urinanalysis are all Ix not Mx – if listing Ix need to link with Mx*

*No low platelets, checking platelets is Ix not Mx*

*'Appropriate follow-up' is not adequate*

Good example Mx:

-Simple analgesia-> paracetamol 15mg/kg and ibuprofen 10mg/kg (if no renal impairment)

-Bed rest for analgesia

-Seek renal dysfunction-> urinalysis (protein/haematuria) and blood pressure (HTN)-> refer to paediatric team if abnormal for admission

-Prednsiolone 1mg/kg if severe pain limiting mobilisation

[**https://www.rch.org.au/clinicalguide/guideline\_index/HenochSchonlein\_Purpura/**](https://www.rch.org.au/clinicalguide/guideline_index/HenochSchonlein_Purpura/)

**Results:**

Pass mark > 8/12

Passed 19 out of 39 = 49%

Range 2 to 11