Henoch–Schonlein purpura in Adults, pediatric, and non-vasculitic IGA nephropathy

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Background: Henoch–Schonlein purpura (HSP) also known as IgA-associated vasculitis is a well-known vasculitis amongst pediatric patients. Not enough data is known regarding its clinical aspects, disease severity, and treatment approach in adult patients.

Aim: comparison of clinical data between HSP adults, HSP pediatric, and non-vasculitic IGA nephropathy adults.

Methods: We retrospectively examined HSP files of adult and pediatric patients presented to our hospital since 2007. This data was compared with another group of adult patients suffering from IgA nephropathy as controls. Data including – clinical presentation, laboratory results, urinalysis, and treatment regimens were collected and compared. Outcomes such as dialysis, mortality, and cause of death were collected from adult patients of both groups.

Results: 50 adult patients with HSP, 37 pediatric patients with HSP, and 30 adult patients with IgA Nephropathy were included. The mean age at diagnosis was 55.2, 7.2, and 42 years respectively. Previous infection was found in 25.5% of HSP adults, Vs. 56.7% of Pediatric HSP (P=0.03). Skin rash was evident in 100% of HSP patients, abdominal pain occurred in 32% and 48% of adult and pediatric HSP respectively (p=0.17). No cases of intussusception were reported. Arthralgia and arthritis occurred in 12% Vs. 73% of adult and pediatric HSP respectively (p<0.01). Urinary elevated protein to creatinine ratio was found in 46% Vs 3% of adult and pediatric HSP (p=0.71). Seventy-eight percent of the pediatric patient received NSAIDS Vs. 8% of adults HSPs (p<0.01), while oral corticosteroids were used in 40% Vs 70%

Vs. 23% of adult Vs. pediatric HSP Vs IgA nephropathy respectively (p=0.01). End-stage renal disease requiring dialysis during 3 months of diagnosis occurred in 7 Adults HSP and none in pediatric or IgA patients (p=0.02). During a period of up to 9 years of recorded follow-up – 12 patients died in the HSP group Vs 3 in IgA nephropathy (p=0.21), and none in pediatric HSP (p=0.03).

Conclusion: Adult HSP, was found to be a more severe and complicated vasculitis compared with pediatric HSP, with an increased chance of being treated with corticosteroids, renal failure requiring dialysis, and high mortality rates over 9 years of follow up.