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Henoch-Schönlein purpura z neznačilnim potekom bolezni – Predstavitev treh primerov in pregled literature

Henoch-Schönlein purpura with an atypical presentation of the disease – Presentation of three case reports and review of the current literature

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Table 1: 2010 classification criteria for diagnosis Henoch-Schönlein purpura⁵

Purpura (commonly palpable and in crops) or petechiae, with lower limb predominance,* not related to thrombocytopenia
Abdominal pain: Diffuse abdominal colicky pain with acute onset assessed by history and physical examination. May include intussusception and gastrointestinal bleeding.
Histopathology: Typically leucocytoclastic vasculitis with predominant IgA deposit or proliferative glomerulonephritis with predominant IgA deposit.
Arthritis or arthralgias: Arthritis of acute onset defined as joint swelling or joint pain with limitation on motion. Arthralgia of acute onset defined as joint pain without joint swelling or limitation on motion.
Renal involvement: Proteinuria > 0.3 g/24 h or > 30 mmol/mg of urine albumin/creatinine ratio on a spot morning sample. Haematuria or red blood cell casts: >5 red blood cells/high power field or red blood cells casts in the urinary sediment or ≥ 2+ on dipstick.*For purpura with atypical distribution a demonstration of an IgA deposit in a biopsy is required.