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Original Investigation

Prevalence of kidney involvement during the first year of follow-up in patients with Henoch-Schönlein purpura in a pediatric institution in Bogotá, Colombia☆

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ABSTRACT

Introduction: Henoch-Schönlein purpura is the most common vasculitis in children, with kidney involvement remaining the main cause of morbidity and mortality. The spectrum of kidney involvement ranges from mild symptoms to the development of a nephrotic and/or nephritic syndrome or kidney failure.

Objective: To determine the clinic features at onset, and kidney involvement of patients with a final diagnosis of Henoch-Schönlein purpura during the first month, 3 months, and up to the first year of follow-up.

Methods: A retrospective study conducted on patients with a final diagnosis of Henoch-Schönlein purpura in a Pediatric Rheumatology Department in an institution of Bogota, Colombia, during the period between 2010 and 2016.

Results: The study included 86 patients, 42 girls and 44 boys. The median age at disease onset was 5.3 years (SD 2.4 years: range 1–14 years). Kidney involvement was present in 39/86 (45%) patients. A trend to kidney involvement was observed in patients with abdominal symptoms ($p = 0.053$). The most frequent clinical finding was isolated proteinuria (49%), followed of proteinuria/hematuria (28%), and isolated hematuria (15%). Renal biopsy was performed on 8/39 patients with Henoch-Schönlein purpura nephritis. The mean follow-up was 26.8 months (SD 17 months: range 1–72). There was no evidence of kidney damage in the last assessment in any of the 39 patients with kidney involvement.

Conclusion: In this group of patients, kidney involvement was more severe and common in the first weeks of the disease onset.

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Prevalencia del compromiso renal durante el primer año de seguimiento en pacientes con púrpura de Henoch Schönlein en una institución pediátrica de Bogotá, Colombia

Palabras clave:
Púrpura de Henoch-Schönlein
Compromiso renal
Biopsia renal

RESUMEN

Introducción: La púrpura de Henoch-Schönlein es la vasculitis más frecuente en la infancia. La afectación renal continúa siendo la causa de morbimortalidad principal en niños. El espectro del compromiso renal va desde manifestaciones leves hasta el desarrollo de síndrome nefrótico o nefrítico, o insuficiencia renal.

Objetivo: Determinar las características clínicas al comienzo y el compromiso renal de los pacientes con diagnóstico definitivo de púrpura de Henoch-Schönlein, durante el primer mes, a los 3 meses y al año de seguimiento.

Métodos: Estudio descriptivo, retrospectivo, de pacientes con diagnóstico definitivo de púrpura de Henoch-Schönlein, de la consulta de Reumatología Pediátrica, en una institución de Bogotá, Colombia, en el período comprendido de 2010 a 2016.

Resultados: Ochenta y seis pacientes fueron incluidos en el estudio, 42 niñas y 44 niños, edad media de presentación 5,3 años, DE 2,4 años (1 a 14 años). Se presentó compromiso renal en 39 pacientes (45%). Se evidenció una tendencia mayor a compromiso renal entre los pacientes con artritis (p = 0,053). El hallazgo clínico más frecuente fue proteinuria aislada (49%), seguido de proteinuria/hematuria (28%) y hematuria aislada en el 15%. Había 8/39 pacientes con compromiso renal durante el año de seguimiento que fueron llevados a biopsia, 6 (75%) con compromiso renal al inicio y 25% al mes. El promedio de seguimiento fue de 26,8 meses con una desviación estándar de 17 meses (1 a 72 meses), no hubo disfunción renal a la última valoración en ninguno de los 39 pacientes con compromiso renal.

Conclusión: El compromiso renal fue más frecuente en las primeras semanas de la enfermedad, así como en las formas severas.

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Introduction

Henoch-Schönlein purpura (HSP) is the most common vasculitis in childhood. Described in 1837 by Johann Schönlein as an entity characterized by the presence of purpura and arthralgia, some years later Eduard Henoch evidenced renal involvement and gastrointestinal affectation as additional manifestations, thus acquiring the name with which it is known today. It is usually a benign and self-limited disease.[1]

HSP has an approximate incidence of 13.5 cases per 100,000 preschool age children and of up to 70 cases per 100,000 school age children, although it can affect all age groups.[2,3] The distribution by gender is usually homogeneous, with a slight male predominance described in some series (1.2:1). Increases in cases have been described in winter seasons or during peaks of respiratory infections, often associated with infections of the upper tract in up to 30–50% of cases.[4]

It is postulated that children with HSP have an innate susceptibility added to an external triggering event, among which infectious agents, along with other antigenic stimuli such as insect bites, vaccines, drugs or food allergens have been identified; being probable that there is not a single specific mediator.[5,6]

The involvement of small vessels mainly of the skin, joints, gastrointestinal tract and kidneys is what determines the clinical behavior or this entity, being documented the presence of deposits of immunoglobulin A in the biopsy tissue.[7,8]

Renal affectation is still the leading cause of morbidity and mortality in children.[9] Glomerulonephritis occurs in 30–50% of patients with HSP, 85% of cases during the first 4 weeks of the initial manifestation,[10–12] 91% within the first 6 weeks and 97% in the first 6 months. The spectrum of renal involvement ranges from mild manifestations to the development of nephrotic or nephritic syndrome, or kidney failure.[13–15] Some risk factors which are predictors of the development of nephritis, such as persistent or recurrent purpura, severe abdominal symptoms, older age at the onset, and relapse of the disease have been identified.[16,17]

Renal biopsy continues to be an important tool in cases of severe or persistent renal involvement, to determine the type of structural commitment, the need for immunosuppressive treatment and the risk of progression to renal failure.[18]

Materials and methods

It is a descriptive, retrospective study of patients with final diagnosis of HSP, from the Pediatric Rheumatology outpatient service of an institution of Bogota, Colombia, to whom a single data collection form was applied in the period between 2010 and 2016.

The objective was to determine the clinical characteristics and renal involvement during the first year of follow-up.

Demographic, clinical, laboratory and histological data were included. The organ involvement was determined in

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