## **RENAL INVOLVEMENT IN HENOCH-SCHONLEIN PURPURA**

A. Csaky<sup>1</sup>, I. Bajusz<sup>1</sup>, K. Losonczi<sup>1</sup>, V. Toth<sup>1</sup>, M. Deak<sup>2</sup>, B. Lombay<sup>2</sup>, P. Degrell<sup>3</sup>, L. Szabo<sup>1</sup> <sup>1</sup>Pediatric Nephrology <sup>2</sup>Pediatric Radiology, Borsod County Teaching Hospital, Miskolc <sup>3</sup>Nephrology Center, University of Pecs, Hungary <u>lszabo52@axelero.hu</u>

Henoch-Schonlein purpura is the most common acute vasculitis affecting children. During an 8 year period 20 children, 10 boys and 10 girls (aged 4 to 15 years, mean: 7 years), with Henoch-Schonlein purpura were treated at the department of Pediatric Nephrology. 5 patients were older then 12 years. And the other 15 children were younger then 8 years. An acute febrile illness preceded Henoch-Schonlein purpura in 14 children. 10 patients had renal and 8 children had gastrointestinal involvement. 10 children had hematuria, (>20 red blood cells per high-power microscopic field in a centrifuged specimen) and/or 9 patients had proteinuria (>0.2 g/L). Non of the patients had proteinuria alone without concomitant hematuria. The renal involvement was more frequent between the elder patient (4/5), then younger (6/15). The combination of renal and gastrointestinal symptoms are seen in figure. All patients were normotensive. Renal biopsy was performed in 3 patients with progressive renal symptoms. All of them had mesangio proliferative glomerulonephritis. Each patient was treated by symptomatic treatment, 6 of them with gastrointestinal symptoms received corticosteroid. 3 patients with nephritis were treated by azathioprine, anticoagulation, and one of them received corticosteroid too. Renal failure was not developed. 9 patients were recovering from renal involvement, and 1 patient s symptoms of persistent hematuria and proteinuria remained more then 8 years.