

General Characteristics of the Onset and Course of Schonlein-Henoch Vasculitis in Children - Dynamics Over 12 Years

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Abstract

This article describes the current course of Schonlein-Henoch vasculitis onset in children, comparing it to pre-war periods. The case histories of 31 patients in 2013 and 15 in 2025 were reviewed. Chronic stress was found to increase the severity of Schonlein-Henoch vasculitis onset.

Keywords: *Schonlein-Henoch Vasculitis; Children; Chronic Stress; Pentoxifylline*

Introduction

Schonlein-Henoch vasculitis is a fairly common childhood disease that requires hospitalization and special attention during treatment. Children of all ages are susceptible to the disease, and almost half of patients experience abdominal symptoms, often relapsing. The state of chronic stress changes the clinical picture of many diseases.

Objective of the Study

The objective of the study was to examine the current clinical presentation of the disease's onset compared to that seen 12 years ago. The chosen time period corresponds to the duration of military operations in Donbas, which undoubtedly led to chronic stress in both adults and children, and which may be considered a cause of the observed changes [1].

Materials and Methods

Thirty-one medical records of children with Schonlein-Henoch vasculitis were analyzed for 2013 (Group I) and 15 records for 2025 (Group II).

Statistics: The statistical analysis of the results included the proportion indicator and sampling error of proportion. Statistical data were processed using Student's t-test for relative values.

Results and Discussion

The sample included children of all ages, from 2 to 17 years old. The average age in group I was 8 years, and in group II - 10 years (Table 1).

Age (years)	2-7		8-13		14-17	
	n	%	n	%	n	%
Group I (31)	14	45,1	8	25,4	9	29,5
Group II (15)	7	46,6	4	26,7	4	26,7

Table 1: Distribution of patients by age.

As it turns out, due to age-related characteristics of the immune system, preschool-aged children are more susceptible to the disease and this indicator does not change over time. The gender distribution of patients also remained unchanged, with girls and boys affected equally frequently.

The dependence of the severity of the form on age also did not change. Any form can be observed at any age, but the abdominal form was more common among preschoolers. Over time, the age of patients with the abdominal form increased.

Over the past 12 years, improvements have been noted in parental literacy and alertness. For example, while in 2013, parents sought medical attention, on average, on the 8th day of illness, in 2025, on average, it was on the 4th day of illness.

Contrary to expectations, only 10 patients (35.7%) in group I had a history of allergies. In group II, this figure rose to 53.3%, which may reflect the overall increase in the number of children with allergies in the population.

The role of trigger factors has not changed over time. Most cases still develop against the background of acute respiratory viral infections, and in approximately a third of patients, no precursor can be identified.

Assessment of leukocyte levels and dynamics indirectly indicates an increase in the severity of the onset (Table 2). Thus, while in 2013, upon admission leukocytosis was observed in only 19% of children, in 2025, it increased to 33.3%.

	On admission				On discharge			
	Decreased	Increased	Normal	Average value	Decreased	Increased	Normal	Average value
2013	5 (16,1%)	6 (19,4%)	20 (64,5%)	8,5	1 (3,23 ± 3,17%)	4 (25%)	17 (77,3%)	8,8
2025	2 (13,3%)	5 (33,4%)	8 (53,3%)	9,6	7 (46.7 ± 13,33% p <0,01)		8 (53,33%)	5,8

Table 2: Changes in the level of leukocyte (10¹²/l) in dynamics.

At the same time, improvements in the quality of treatment can be observed. A quarter of children had persistent leukocytosis at discharge in 2013, while in 2025, this was no longer the case. The statistically significant high frequency of leukopenia at discharge in 2025 is noteworthy (46.7 ± 13,33% vs. 3,23 ± 3,17%, p < 0,01). This is likely also due to treatment effects; in particular, pentoxifylline (Trental), side effect of which is leukopenia. was widely used in 2025.

The ESR also demonstrates an increase in severity at onset.

In 2013, ESR values above the normal range were observed in 14 children (45.2 ± 8.94%) upon admission, including 6 (19.4%) with values above 30 mmHg.

In 2025, a high ESR was observed upon admission in 13 of 15 (86.7 ± 9.09%, p < 0.01), and 4 (26.7%) with values above 30 mmHg.

The C-reactive protein test was uninformative - an increase was noted in only 5 children in Group I and 3 in Group II.

Coagulation parameters were identical in both groups.

Conclusion

1. Chronic stress worsened the onset of the Schonlein-Henoch vasculitis in children due to increased leukocytosis and ESR.
2. Age-related features of the disease remained unchanged.
3. The use of pentoxifylline in therapy requires special monitoring of the hemogram.
4. CRP testing is inappropriate in Schonlein-Henoch vasculitis.

Bibliography

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