Nursing Experience of a Pediatric Patient with Henoch-Schönlein Purpura Using Integrated Chinese and Western Medicine

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Abstract

Henoch-Schönlein purpura (HSP), also currently known as IgA vasculitis (IgAV), is a common vasculitis in childhood[1], characterized primarily by non-thrombocytopenic, palpable petechiae and purpura (as the prominent feature), abdominal pain, arthralgia and swelling, and nephritis[2]; a minority of patients may also be accompanied by angioneurotic edema. Food and drug allergies, chemical pollution factors, viruses and mosquito bites, cold environments, and many other factors are triggers that lead to the onset of the disease[3]. The severity of renal involvement and treatment determine the prognosis and outcome of this disease[4]. Purpose and Methods: Through treatment and integrated Chinese and Western nursing care, with syndrome differentiation-based nursing, to promote disease recovery. Conclusion: Integrated Chinese and Western nursing treatment, with TCM syndrome differentiation-based dietary therapy, can promote recovery from the condition.

Full Text

Experience in Integrated Chinese and Western Nursing Care for a Child with Henoch-Schönlein Purpura

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Abstract

Henoch-Schönlein purpura (HSP), now also known as IgA vasculitis (IgAV), is a common vasculitis in childhood characterized by non-thrombocytopenic, palpable purpura (as a prominent feature), abdominal pain, arthralgia, and

nephritis. A minority of patients may also present with angioedema. The disease is triggered by various factors including food or drug allergies, chemical pollutants, viral infections, insect bites, and cold environments. The severity of renal involvement and its treatment determine the prognosis. Through integrated Chinese and Western medical treatment combined with nursing care based on syndrome differentiation, we aimed to promote recovery. The conclusion demonstrates that integrated Chinese-Western nursing care, particularly Chinese medicine syndrome-based dietary management, can facilitate disease resolution.

Keywords: Purpura; Nursing; Syndrome differentiation

This report summarizes the nursing experience of a child with Henoch-Schönlein purpura who showed stable improvement and was discharged following integrated Chinese and Western medical treatment and care.

1. Case Summary

An 8-year-old male patient was admitted to our pediatric department with a generalized rash accompanied by arthralgia and swelling. The knee and ankle joints were markedly swollen, and the child reported pain, requiring wheelchair transport into the ward. On the day prior to admission, scattered hemorrhagic spots of varying sizes appeared on the right scapular region, extensor surfaces of both upper arms, and both lower limbs (symmetrically distributed). Some rashes had coalesced into patches, were palpable, did not blanch with pressure, and appeared bright red. The child was cooperative during physical examination. Multiple cervical lymph nodes of varying sizes were palpable bilaterally, the largest measuring approximately $2\$\times 1cm, soft, mobile, and mildly tender. Laboratory tests showed WBC 20.1\times 10\hat{}\{9\}\$/L$, N 83.5%, L 10.2%, HB 139 g/L, CRP <5.00 mg/L, and hs-CRP <0.50 g/L.

The patient received ceftriaxone (Rocephin) for anti-infection and vitamin C for vascular nutrition. On the second day of admission, generalized urticaria appeared following ceftriaxone infusion, prompting discontinuation and switch to amoxicillin, with intravenous hydrocortisone for anti-inflammatory effects. On the fifth day of admission, the patient vomited once, producing dark red clumps of gastric contents. He was placed on fasting status without oral intake, and omeprazole was administered as prescribed to suppress gastric acid secretion, supplemented with fluid replacement. An abdominal pain plaster was applied externally to the Shenque (CV8) and Zhongwan (CV12) acupoints for analgesia, gradually relieving the discomfort. Syndrome differentiation was performed based on primary and secondary symptoms: the child' s acute onset indicated an excess pattern, with skin spots as the main symptom and pharyngeal redness/swelling, abdominal pain, and hematochezia as secondary symptoms. The pathomechanism involved heat forcing blood movement and qi failing to contain blood, with predominant wind-heat and blood-heat patterns. Treatment focused on dispelling wind, clearing heat, cooling blood, and detoxifying [6]. Fol-

lowing abdominal pain relief, Chinese herbal decoction was administered orally at one dose daily, supplemented with external herbal application and auricular point plaster therapy to strengthen the spleen, boost qi, and relieve pain.

After effective treatment and nursing care over 20 days of hospitalization, the child' s comprehensive immunological panel returned essentially normal. The generalized purpura resolved without new hemorrhagic spots, no complications developed, and the patient was discharged cured.

2. Nursing Care

2.1 Assessment of Current Condition

Upon admission, the child was conscious and in good spirits, cooperating actively with treatment. He received first-level nursing care with a low-residue diet, fasting when necessary. Joint and abdominal pain was rated as 4 points on the Facial Expression Pain Scale. Activity was limited due to marked joint swelling, creating an injury risk with a Norton score of 14. Due to vomiting, dietary adjustments were made to ensure adequate nutrition, with timely biochemical re-examinations and fluid replacement as needed.

2.2 Physical Examination and Laboratory Data

No single diagnostic test currently exists for Henoch-Schönlein purpura; diagnosis relies primarily on clinical manifestations and laboratory findings [1]. This case presented with bilaterally symmetrical purpura or petechiae on the lower limbs (a required criterion) accompanied by abdominal pain, vomiting, and melena, plus acute joint swelling and pain, with normal platelet counts, leading to a diagnosis of IgAV.

2.3 Identified Nursing Problems

1. Altered comfort related to pain
2. Fear and anxiety in the child and parents related to insufficient knowledge about purpura treatment, nursing care, and prognosis
3. Inadequate nutrition related to abdominal discomfort, vomiting, fasting, gastrointestinal bleeding, and malabsorption
4. Risk for injury related to joint pain, swelling, and limited mobility

2.4 Potential Complications

- Abdominal pain and gastrointestinal bleeding; some patients may develop intussusception or intestinal perforation
- Renal involvement, termed Henoch-Schönlein purpura nephritis (HSPN); a minority of cases may progress to chronic renal failure [4]

2.5.1 Patient Education

We explained the treatment plan and nursing protocols, emphasizing bed rest during the acute phase with gradual progression to ambulation. Protective measures were implemented to prevent injury, with regular disinfection and respiratory protection to avoid cross-infection. Oral care with frequent mouth rinsing was performed to improve appetite and reduce secondary infection risk.

2.5.2 Pain Relief and Comfort Enhancement

For joint pain and swelling: We ensured adequate rest, elevated the lower limbs with pillows to reduce edema, and applied the hospital-prepared Huanglian Xiaozhong (Coptis Swelling-Reducing) Ointment externally to reduce skin temperature and alleviate swelling and pain.

For abdominal pain: Abdominal hot compresses were prohibited to avoid exacerbating bleeding. When the child developed abdominal pain on the fifth day of admission, intravenous omeprazole (Losec) was administered. We instructed the child to eat small, frequent meals, avoiding overfilling to reduce gastric burden. Abdominal pain plasters were applied to the Zhongwan (CV12) and Guanyuan (CV4) points twice daily for two hours each session, with moxibustion on bilateral Zusanli (ST36). Acupoint massage was performed on Neiguan (PC6) and Sanyinjiao (SP6), with acupuncture at Neiguan and Zusanli to harmonize the stomach and relieve pain. Through the skin, meridians, and acupoints, this approach regulated qi, blood, and viscera function, promoting smooth flow and enhancing therapeutic efficacy [7]. The child' s abdominal pain was significantly relieved and gradually controlled.

2.5.3 Appetite Improvement and Dietary Management

Research indicates that dietary management can reduce gastrointestinal adverse reactions, decrease recurrence, and improve prognosis in children with purpura [8]. Consuming foods that protect blood vessels and enhance coagulation factors helps promote coagulation and hemostasis. During the acute phase, we provided small amounts of liquid diet and intravenous fluid supplementation. On the seventh day of admission, as abdominal pain markedly improved, we progressed to semi-liquid diet, and by the ninth day, to regular diet to ensure adequate energy and nutrition. This was supplemented with external Piwei (Spleen-Stomach) plaster applied to Shenque (CV8) and Zhongwan (CV12) once daily for 3-4 hours, along with abdominal massage and warm moxibustion on Shenque.

2.5.4 Skin Care and Prevention of Injury

We monitored rash color, morphology, location, quantity, and any new hemorrhagic spots. No irritants were used; bathing was performed with water only, avoiding alkaline soap. To prevent skin infection from scratching, we maintained clean skin, kept nails short, and used soft, breathable cotton clothing.

Auricular point seed embedding was applied to Fengxi (SF1.2), Lung (CO14), Adrenal (TG2p), and Endocrine (CO18) points, with gentle pressing 3-5 times daily for 2-3 minutes until the child felt mild pain. Herbal foot soaks and wet compresses were applied to swollen, painful areas as prescribed. Calamine lotion was applied for itching without skin breakage. During puncture procedures, we avoided bleeding points and prolonged compression time after infusion.

2.5.5 Enhancing Compliance and Confidence

Due to recurrent disease, generalized pain, and environmental changes, the child experienced fear, anxiety, and separation anxiety from being away from family and classmates. We provided psychological counseling, cited successful cases, and encouraged active treatment. Learning conditions and environment were provided when treatment was not compromised. We communicated patiently, briefly introducing the treatment and prognosis of purpura. During rest periods, we accompanied the child in practicing Baduanjin (Eight Brocades) exercise to enhance constitution and promote relaxation, reducing psychological burden for both child and parents. Discharge precautions were explained, including allergen avoidance and regular follow-up.

2.5.6 Disease Progression

On the fifth day of admission, lymph nodes had decreased in size, but the child vomited with positive stool occult blood. Gastrointestinal decompression and fasting were implemented, with abdominal ultrasound performed to rule out complications. No further vomiting occurred after intravenous fluid therapy. HSP dietary principles were followed, and other treatments···

2.5.7 Complication Prevention

Renal involvement occurs at a relatively high rate, manifesting primarily as hematuria and/or proteinuria, and may present as acute nephritic syndrome or nephrotic syndrome; severe cases may develop acute renal failure [4]. During nursing care, we performed regular urine tests, monitored urine and stool quality and color, and closely observed skin condition (including new bleeding points and edema). Weight was measured and intake/output recorded. HSP dietary principles were followed. Activity was appropriately restricted and rest ensured when joint symptoms or edema occurred. External fumigation and wet compresses were applied for anti-inflammatory and analgesic effects. Cleanliness was maintained to prevent skin damage, and psychological counseling was provided. For persistent abdominal pain or gastrointestinal bleeding, physicians were notified promptly for further evaluation to monitor for complications.

Literature indicates that most Henoch-Schönlein purpura cases are of the simple type, and with trigger removal, early diagnosis, and prompt treatment, the prognosis is favorable. However, some children experience recurrent disease with poor treatment response. Given that children have delicate viscera, Chinese

medicine nursing is particularly important, as it can more effectively promote recovery while regulating constitution and enhancing immunity. Syndrome differentiation nursing addresses the child' s specific condition, providing symptomatic care. Through integrated Chinese-Western nursing, we improved the child' s physical and mental comfort during treatment, effectively alleviating discomfort. Assisted by oral Chinese herbal decoctions, external wet compresses, and herbal plasters, hospitalization time was shortened while resistance was enhanced, reducing disease recurrence due to constitutional factors.

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Note: Figure translations are in progress. See original paper for figures.