

Kidney disease in acute hemorrhagic edema of young children

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To the Editor,

Acute hemorrhagic edema of young children is a rare leukocytoclastic small-vessel vasculitis that was initially described in 1913 by Snow in the United States and in 1936 by Del Carril in Argentina. The condition was also reported by Finkelstein and by Seidlmayer in Germany before the Second World War, and by Lelong in France in 1942^{1,2}. The disorder, considered by some the infantile variant of Henoch-Schönlein syndrome, has been recognized since under various other terms: cockade (or iris-like) purpura and edema of young children, acute benign cutaneous leukocytoclastic vasculitis of young children and the eponyms Seidlmayer disease, Finkelstein disease, Finkelstein-Seidlmayer disease or infantile Henoch-Schönlein syndrome^{1,2}.

Acute hemorrhagic edema of young children is characterized by impressive en cockade (medallion-like) purpura, echymoses and edema occurring in children younger than 3 years of age. The condition is almost always benign and limited to the skin¹⁻². The Turkish Journal of Pediatrics recently reported the very interesting history of five Brazilian boys aged between 8 and 21 months with acute hemorrhagic edema³. The authors of the report correctly state that in this variant of Henoch-Schönlein syndrome, renal involvement is rare, but unfortunately they do not refer to the appropriate literature³.

A recent careful literature search accumulated 293 cases in 153 reports published as full-length articles or letters in peer-reviewed journals (reports published in languages other than English, Spanish, French, Italian, German or Portuguese were not included) between 1913 and 2007⁴. To the best of our knowledge, a mild acute kidney disease was reported in seven boys aged between 9 and 42 months. Urinalysis disclosed either pathological proteinuria, red blood cells and cell casts or pathological proteinuria and dysmorphic red blood cells in five children, and isolated hematuria or isolated pathological proteinuria in one case each. Blood pressure and renal function were normal in the seven children, who recovered completely within 1-3 weeks without any therapy⁵⁻¹⁰. It is concluded that, contrary to classic Henoch-Schönlein syndrome⁴, in acute hemorrhagic edema of young children, kidney disease is rare but not exceptional and, like the cutaneous features, spontaneously recovers rapidly and completely.

REFERENCES

1. Smitt JH, Vermeer MH, Faber WR. Acute hemorrhagic edema of infancy (AHEI). *Clin Dermatol* 2002; 20: 2-3.
2. Miner Kanflanka I, Vivanco López A, Muñoz Bernal JA, Landa Maya J, Albisu Andrade Y. Edema agudo hemorrágico del lactante. Revisión bibliográfica. *Bol Soc Vasco-Nav Pediatr* 2004; 37: 13-16.
3. Suehiro RM, Soares BS, Eisencraft AP, Campos LM, Silva CA. Acute hemorrhagic edema of childhood. *Turk J Pediatr* 2007; 49: 189-192.
4. Bucher B, Fiore E, Bernasconi M, et al. Schönlein-Henoch-Syndrom des Kindesalters: gewöhnliche und ungewöhnliche Beschwerden, Komplikationen, Finkelstein-Seidlmayer Variante, und Behandlung. *Ther Umsch* 2008; in press.
5. Al-Sheyab M, El-Shanti H, Ajlouni S, Sawalha D, Daoud A. The clinical spectrum of Henoch-Schönlein purpura in infants and young children. *Eur J Pediatr* 1995; 154: 969-972.
6. Gonggryp LA, Todd G. Acute hemorrhagic edema of childhood. *Pediatr Dermatol* 1998; 15: 91-96.
7. Legrain V, Lejean S, Taïeb A, Guillard JM, Battin J, Maleville J. Infantile acute hemorrhagic edema of the skin: study of ten cases. *J Am Acad Dermatol* 1991; 24: 17-22.
8. Millard T, Harris A, MacDonald D. Acute infantile hemorrhagic oedema. *J Am Acad Dermatol* 1999; 41: 837-839.
9. Nouaille J, Gautier M, Lucet P. Un cas de vascularite allergique à type d'oedème aigu hémorragique de la peau avec manifestations rénales. *Arch Fr Pédiatr* 1960; 17: 110-113.
10. Watanabe T, Sato Y. Renal involvement and hypocomplementemia in a patient with acute hemorrhagic edema of