Reviewer's report

Title: A Randomized, Placebo Controlled Trial of Prednisone in Early Henoch Schönlein Purpura

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Reviewer: Miguel A. Gonzalez-Gay

General comments:
The use of corticosteroids in the prevention of nephritis in Henoch-Schönlein purpura (HSP) remains to be an important point of controversy.

As pointed out by Huber et al. in 1992, Mollica et al. reported a prospective, randomized, controlled study on the prevention of nephritis in children with HSP. One hundred and sixty-eight children with HSP without nephritis were randomized to receive prednisone (1mg/Kg per day for 2 weeks) or no corticosteroids. None of the group (n=84) treated with prednisone but 10 of the control group (n=84) developed nephropathy within 6 weeks, and 2 other controls developed nephropathy at 24 and 72 weeks, respectively. The results of that study suggested a role for corticosteroids in preventing HSP nephritis. However, a retrospective study based on 50 children with HSP without nephritis at the time of diagnosis showed a similar frequency of nephritis in those children treated or not with corticosteroids (Saulsbury 1993).

In a multivariate study to determine the relationship between the progression of renal involvement in children with HSP, Kaku et al (1998) observed that corticosteroids reduced the risk of nephritis. These authors concluded that patients with risk factors for renal involvement should be treated with corticosteroids to avoid renal impairment. However, these authors emphasized the importance of prospective and controlled studies to support the need of corticosteroids for preventing renal involvement in HSP.

The study by Huber et al is very interesting and well written. The authors discuss potential limitations of their study based on the sample size. However, despite having a relatively small number of patients, the study is of great interest for clinicians who often see patients with HSP.

I have no major points of concern about this elegant study. In addition, based on my own experience with HSP patients, I support their conclusions. In this regard, although HSP in adults is uncommon, I had the opportunity of treating an adult that required high dose methylprednisolone because of severe gastrointestinal complications and who later, during his follow-up, had a new flare of the disease associated with nephritis (kidney biopsy yielded IgA mesangial glomerulonephritis). This observation suggests that corticosteroids may not be useful in preventing nephritis in adults with HSP.

Specific comments:
I only had a couple of minor comments to be considered by the authors:
1) On page 2 (Abstract), in the section of Results: “Two children in the placebo group did experience intussusceptions compared with none in the PLACEBO group (P=0.2)”. Please change the word “PLACEBO” to prednisone.
2) On page 3 (Introduction), third paragraph: The authors discussed some articles related to predictors of chronic renal disease (renal sequelae).

I would suggest the authors add the following sentence: “Also, in unselected children from Northwest Spain with at least 1 year follow-up, hematuria at the onset of the disease or renal manifestations within the first 3 months after the onset of the symptoms of the disease were significantly more common in the group of HSP patients with renal sequelae. Of note, the presence of nephrotic
syndrome during the course of the disease was generally associated with permanent renal involvement (renal sequelae) (p<0.001) Thus, most children who suffered nephrotic syndrome had persistent renal involvement.” (Ref.)

Discretionary Revisions (which the author can choose to ignore)

**Which journal?:** Appropriate or potentially appropriate for BMC Medicine: an article of importance in its field

**What next?:** Accept for publication in BMC Medicine after discretionary revisions

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:** None.