

## Multiple Minute, Red Spots

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A 51-year-old lady presents to your office with a non-itchy rash on her lower legs, which appeared about three months ago. It started as multiple minute, discrete, red “spots”—some of them have an orangey colour. She denies any history of trauma to the legs. She is otherwise healthy and does not take any systemic medications.

### What is your diagnosis?

Pigmented purpuric eruptions are a group of dermatoses characterized by petechiae, pigmentation and, occasionally, telangiectasia in the absence of associated venous insufficiency or hematologic disorders.

These benign, generally asymptomatic eruptions tend to be chronic, with remissions and flares. They share common histopathology features, including capillaritis, erythrocyte extravasation and hemosiderin deposition.

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Figure 1. Non-itchy rash on lower legs.

The cause is unknown. However, primary process is believed to be cell-mediated immune injury with subsequent vascular damage and erythrocyte extravasation. Other etiologic factors include:

- pressure,
- trauma, or
- drugs like acetaminophen, ampicillin, diuretics and NSAIDs.

The disease usually presents with discrete clusters of pinhead-sized, red macules and barely palpable papules become confluent, coalescing into patches. It occurs more commonly in the pretibial area or around the ankles, but may extend proximally to lower trunk and to upper extremities. It is usually bilateral but may be unilateral. Uncommonly, it can be generalized.

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**Table 1**

**Different types of pigmented purpuric dermatosis**

Type	Features
Schamberg's disease	Insidious onset, red-brown macule
Majocchi's purpura	Abrupt onset, annular purpuric, telangiectasia
Lichenoid dermatosis of Gougerot and Blum	Insidious onset, lichenoid papule
Ecematid-like purpura	Abrupt onset, red-brown, scaly macule
Itching purpura	Abrupt onset, red-brown macule
Lichen aureus	Abrupt onset, orange-brown papule or plaque

New lesions are red, representing pinpoint hemorrhages. Older lesions are tan to brown, representing degradation of extravasated erythrocytes with the formation of hemosiderin. The characteristic overall colour is reddish brown or “cayenne pepper.” Different types of pigmented purpuric dermatosis are summarized in Table 1.

*The treatment is usually symptomatic and supportive stockings are required in all forms of this disease.*

Important differential diagnosis include all non-palpable dermatoses, such as:

- chronic venous insufficiency with clotting abnormalities,
- use of steroids,
- senile purpura,

- stasis dermatitis,
- thrombocytopenia,
- trauma and
- palpable purpura, like leukocytoclastic vasculitis.

The treatment is usually symptomatic and supportive stockings are required in all forms of this disease. Topical low- and middle-potency glucocorticoid preparations may inhibit new purpuric lesions. Other choices include oral tetracycline or phototherapy for severe forms.

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