Up Close

A Look at Dermatological Diagnoses

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Cutaneous Small Vessel Vasculitis

What is it?

Vasculitis is defined as inflammation of the blood vessel wall. Clinical presentation depends on the size of the blood vessel involved, as well as the extent of internal involvement.

How does it present?

Patients with small vessel involvement have palpable purpura (hypersensitivity angiitis)—tiny 2 mm to 5 mm non-blanchable macules and papules primarily in dependent areas, such as the legs and buttocks, as well as in areas of trauma (Figure 1). Vesicles, urticaria, and ulcers may be present (Figure 2).



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Figure 1. Purpuric lesions.

What is the pathology?

Biopsy in lesions present between 12 to 48 hours at best. It shows leukocytoclastic vasculitis with fibrinoid necrosis, with or without immune deposits (Immunoglobin A in Henoch-Schonlein purpura).

What is the etiology and investigation?

In 55% of vasculitis cases are idiopathic. Some possible causes include: infection, such as hepatitis B with polyarteritis nodosa, or hepatitis C in cryoglobulinemia (15%); inflammatory disease, such as collagenoses, or inflammatory bowel disease (15%); drug intake (10%); and malignancy, such as para-

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proteinemia, or lymphoproliferative disorder (< 5%).

Investigation of internal hepatic, gastrointestinal, and renal involvement with the appropriate blood tests, stool guaiac, and urinalysis is essential.

What are the treatment options?

Treatment includes identifying and treating the offending agent where applicable. Simpler measures, such as avoiding sun and cold, bed rest, and leg elevation may be adequate. Certain medications, such as antihistamines, nonsteroidal anti-inflammatories, colchicine, systemic corticosteroids, azathioprine, methotrexate, and cyclophosphamide may be indicated, particularly if systemic involvement is present. CME

Figure 2. Palpable purpura lower leg.

