

Rheumatoid Vasculitis presenting as multiple, symmetric, flexural Pyoderma Gangrenosum-like lesions.

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Introduction

Rheumatoid Vasculitis is one of the extra-articular manifestation of Rheumatoid Arthritis (RA).

- The cutaneous manifestations include palpable purpura, maculo-papular lesions, erythema elevatum diutinum, nodulo-ulcerative lesions, livedo reticularis as well as haemorrhagic bullae.
- Rheumatoid vasculitis is seen in approximately 1-5% cases of Rheumatoid Arthritis.
- Vascular involvement in rheumatoid arthritis was first appreciated in 1898 in the works of Bannatyne.^[1]



Figure 1:-Multiple ulcers with sharp margins, floor covered with yellowish necrotic slough present over 1a,b.-: Inframammary folds; 1c. Abdomen, groins; 1d.right axilla

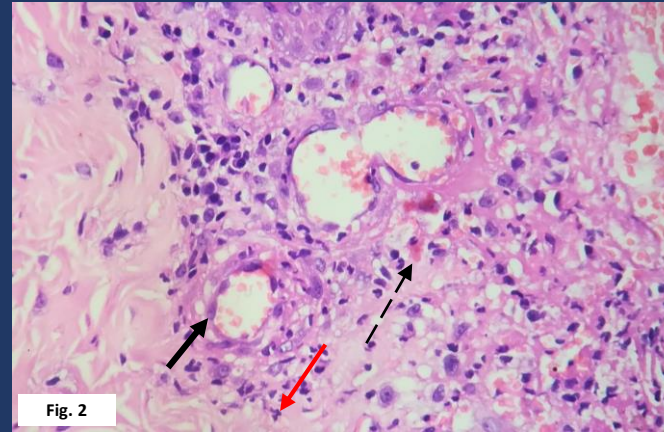


Figure 2:- Dense infiltration of the vessel wall seen with Leukocytoclasia (red arrow), RBC extravasation (dotted arrow) & endothelial swelling (solid arrow)

Discussion

- Due to the nature of the lesions, our first possibility was Pyoderma Gangrenosum (PG) associated with RA. However, no histopathological features of PG were seen. Similar lesions have been reported in cases of Wegner's granulomatosis^[2], but the ANCA profile was negative and there were no granulomas on deeper multiple sections.
- The HPE of RV has been reported to include- mononuclear cells or neutrophilic infiltration of the vessel wall of small and medium vessels. Features of vessel wall destruction are often found, including necrosis, leukocytoclasia and disruption of the internal and external elastic lamina.^[3]
- On review of literature , PG has been reported to be a common association with RA.^[4]Also, there have been reports of PG lesions and lesions of RV lesions in the same patient.^[5]Ulcerated vasculitic lesions in RV have been reported on the lower limbs^[6] buttocks and digits.^[7]
- To the best of our knowledge, such multiple ,symmetric ,ulcerated lesions have not been reported in patients of Rheumatoid Vasculitis

Case Report

History: A 48-year-old female, a known case of Rheumatoid Arthritis (RA), presented to us in the emergency department with multiple, progressive, mildly painful ulcers predominantly over the flexures for one week. This was accompanied by low grade fever. She was a known hypertensive and diabetic. She was not on any treatment for RA.

Examination: The ulcers were circular to elongated, punched out with adherent yellowish brown crust present over right axilla, bilateral inframammary folds and bilateral groins (Fig. 1). A few isolated lesions were seen over the abdomen and thighs. Pathergy test was negative. On the basis of clinical history and examination , we kept possibility of Pyoderma Gangrenosum, Pyoderma Vegetans, Pemphigus Vegetans, Vasculitis.

Investigations: Routine & relevant investigations were done (CBC, RFT, LFT, Urine r/e, CXR, ECG, ANA(IF),ANCA). Patient had positive RA factor-46.9, raised ESR-120.

A Skin biopsy was done which revealed-epidermal ulceration and the dermis showed neutrophilic infiltration of vessel wall along with endothelial cell swelling, leukocytoclasia along with extravasation of RBC's (Fig. 2).

Diagnosis: On Clinico-pathological correlation, a diagnosis of Rheumatoid Vasculitis was made. The patient was put on Prednisolone 1mg/kg/day and showed improvement

References

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