Leukocytoclastic vasculitis

Key Points:

• Not all purpura is vasculitis
• Don’t forget drugs and neoplasms in your differential
• No need to send the whole work-up at once: focus based on history / physical, initial labs and imaging
• Time may tell – follow for later development of systemic disease

Leukocytoclastic vasculitis

- Etiologies:
  o Drugs (10%): penicillin, sulfa, allopurinol, thiazides, PTU, quinolones, retinoids, OTC; 7-21d after rx
  o Infections: hepatitis, endocarditis
  o Connective tissue disease: RA, SLE, Behcet’s, Wegener’s, PAN, HSP
  o Neoplasms / paraneoplastic: CLL, lymphoma, Hodgkin’s, multiple myeloma
  o Inflammatory bowel disease-associated

- DDx (other dermapathology mimicking leukocytoclastic vasculitis):
  o Platelet: TTP, DIC
  o Purpura fulminans
  o Septic vasculitis
  o Septic emboli
  o Bacteremia
  o Drug eruptions
  o Rocky mountain spotted fever
  o Scurvy
  o Senile (traumatic purpura)
  o Progressive pigmentary purpura (Schamberg’s – not associated with underlying disease)

- Pearls:
  o History/physical:
    ▪ Do the full ROS looking for rheumatologic / malignancy clues
    ▪ Remember herbs and OTC medications
    ▪ Look at the nail beds
  o Rational work-up: start with basics, adding additional tests based on history and physical
    ▪ Basic labs to start: CBC, renal panel, U/A, cultures, hepatitis serologies
    ▪ Basic imaging: CXR
    ▪ Limited value: ESR, cryoglobulins (limitations of test)
    ▪ Other tests: increased diagnostic value if symptoms/signs point to disease (renal, GI, etc)
  o Age-appropriate cancer screening
  o Dermatopathology: Tissue is the issue! Confirm your pathologic diagnosis.
    ▪ Always ask for immunofluorescence!
  o Time may tell: Not all symptoms / signs are present with initial vasculitis
    ▪ Follow symptoms for natural course to diagnose underlying disease
    ▪ Follow basic labs, including renal function / urinalysis