ABSTRACT

TITLE :

CLINICOPATHOLOGICAL CORRELATION OF CUTANEOUS VASCULITIDES

BACKGROUND AND OBJECTIVES

Vasculitis is the inflammation of the vessel wall. It can affect small, medium and large vessels. Clinically, vasculitis can present with an array of manifestations which in turn depends upon the size of vessel involved. The skin is a commonly affected organ in systemic vasculitides and it aids in diagnosis and acts a easy source of tissue for histopathologic examination. This offers the dermatologist a chance for an early diagnosis of the condition.

METHODOLOGY :

This is a descriptive study conducted from June 2016 to May 2017 at the outpatient department of dermatology, Coimbatore Medical College Hospital. Forty consecutive patients (24 males,16 females) who presented with palpable purpura, papules, plaques, nodules, vesicles, bullae, weals or other features suggestive of vasculitis were included in the study. All the patients were explained about the study and an informed consent was obtained from all the patients in the language of their convenience - Tamil / English.

INCLUSION CRITERIA:

All patients with clinical evidence of cutaneous vasculitis

a) simultaneous crops of palpable purpura,

b) papules, plaques, nodules, vesicles, bullae, pustules, ulcers and

c) other cutaneous findings like urticaria, livedo reticularis or edema

EXCLUSION CRITERIA:

a) patients with thrombocytopenia (<50, 000/mm^3)

b) disorders of coagulation;

c) patients on warfarin/heparin

The Blood counts, bleeding and clotting time, renal and liver functions tests, chest radiographs, urine examination, ASO, CRP, RF, screening for infections such as hepatitis A & B and relevant autoantibodies such as ANA and ANCA were done depending on history and examination findings. Patients were then selected for study based on the inclusion and exclusion criteria. An attempt was made to give a diagnosis based on the clinical findings.

Biopsy from the lesion that is less than 48 hours duration was taken from all the patients. Direct immunofluorescence was done in selected

patients. The clinical presentations were correlated with a relevant work up and a diagnosis was arrived at based on the Chapel Hill consensus nomenclature for cutaneous vasculitis – 2012

RESULTS:

Forty patients were given 5 different clinical diagnosis. Male female ratio was 1.5:1. Mean age of involvement was 33 years. Pure cutaneous involvement was seen in nearly 53%. The most common diagnosis offered was cutaneous small vessel vasculitis / leukocytoclastic vasculitis in about 75% followed by HSP vasculitis (12.5%). Two cases were diagnosed as urticarial vasculitis (5%). Rare cases such as Granulomatosis with polyangiitis, erythema elevatum diutinum and MPA were also seen in our study. (2.5% each).

CONCLUSION

Cutaneous vasculitis with its myriad clinical presentations remains a diagnostic and therapeutic challenge. Proper diagnosis depends on a stepwise and systematic evaluation of the patient with vasculitis.

KEY WORDS

Cutaneous vasculitis, small vessel vasculitis, ANCA vasculitis, clinicopathological correlation.