VASCULAR DISEASE, VASCULITIS

RECURRENT CUTANEOUS EOSINOPHILIC VASCULITIS- A RARE ENTITY OR A SPECTRUM RANGING FROM URTICARIAL VASCULITIS TO CUTANEOUS EOSINOPHILIC VASCULITIS?

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Background: Urticarial vaculitis (UV) is a variant of cutaneous small vessel vasculitis, histopathologically characterised by leukocytoclastic vasculitis with neutrophilic infiltration in early and lymphocytic infiltration in later lesions respectively. On the other hand, recurrent cutaneous eosinophilic vasculitis (RCEV) is a rare entity with a benign course, clinically characterised by angioedema, pruritic purpuric papules and annular plaques, prolonged and chronic relapsing course with absence of systemic disease. Histopathologically, it is characterized by small-vessel vasculitis with predominant eosinophil infiltration.

Observation: We report a 62 years old female who presented to us with recurrent pruritic purpuric papules and annular, polycyclic plaques affecting various body parts of 3 years duration along with angioedema of face and acral areas. She did not give any history of systemic disease or any precipitating factor or drug intake. A year back, her skin biopsy performed at another tertiary hospital was diagnostic of UV.
Amongst the laboratory tests, CBC revealed a WBC of 10,100, E- 12%, ESR- 32, Hb- 10 gm%, peripheral blood eosinophils -1530; normal CRP, urine analysis, stool examination, serum immunoglobulins (E, G, M, and A), LFT and RFT; negative ASO titer, RF, ANCA, ANA, HIV, VDRL, hepatitis A, B, and C serology. Diagnosis of RCEV was made. Disease was well controlled with oral prednisolone 0.5 mg/kg and antihistamines and on its tapering the lesions recurred. She showed significant improvement within 2-3 months of adding methotrexate (10mg/week). She has remained disease-free for the past one year and is on regular follow-up.

Key message: We present this case, due to its rarity and the characteristic clinical and distinctive variation of the histopathological features within a span of a year. There is scarcity of data on this topic and whether RCEV is a rare entity or is an end result of UV progression, this still remains unclear.