



VASCULAR DISEASE, VASCULITIS

## REFRACTORY ULCERATIVE LIVEDOID VASCULOPATHY SUCCESSFULLY TREATED WITH DUAL ANTITHROMBOTIC THERAPY WITH CLOPIDOGREL AND RIVAROXABAN

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Background: Livedoid vasculopathy (LV) is a chronic micro-occlusive disease characterised by skin infarctions with painful ulcerations and irreversible scar formation.

Hypercoagulable states and defects in fibrinolysis likely play a key role in LV. New evidence, although not high level, supports the therapeutic use of antithrombotic and fibrinolytic agents. We presented two patients with refractory LV successfully treated with dual antithrombotic therapy with clopidogrel as an inhibitor of P2Y12 ADP platelet receptors and rivaroxaban, as a direct factor Xa inhibitor.

Observation: We present two female patients aged 42 and 64-years respectively, with purpuric plaques, crusted ulcers and white atrophic stellate scars. The ulcers were painful, located in the ankle region and on the back of feet. They both were treated with aspirin for two months and acenocoumarol for another two months without satisfactory success. Histology revealed segmental hyalinizing changes at the subintimal region of small dermal vessels with thrombotic occlusions suggestive of LV.

Laboratory assessment included full blood count, fibrinogen level, protein electrophoresis, autoimmune screen with antinuclear antibodies, antiphospholipid antibodies and lupus anticoagulant, antineutrophil cytoplasmic antibodies (ANCA), cryoglobulin and cryofibrinogen, homocysteine level, antithrombin, and factor V (Leiden) mutation. One of the patients was found positive for factor V (Leiden) mutation and the other one for lupus anticoagulant. Clopidogrel, 75 mg once daily, was started together with oral rivaroxaban tablets at dose of 10 mg once per day.

Significant pain relief was noticed after two weeks and complete re-epithelialization occurred 4 months after starting the dual therapy. We did not observe any side effects. After resolving of ulcers, maintenance treatment with 75 mg clopidogrel daily was introduced. At 6 months follow-up, the patients have not had recurrence of their ulcers.





Key message: We concluded that dual antithrombotic therapy with clopidogrel and rivaroxaban is welltolerated, effective therapeutic option for patients with ulcerated LV.

