VASCULAR DISEASE, VASCULITIS

MANAGEMENT OF IMMUNE-COMPLEX VASCULITIDES

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Immune-complex vasculitides of the skin (including IgM/IgG vasculitis and IgA vasculitis) are commonly encountered in both the outpatient and inpatient dermatologic practice. The management of immune-complex vasculitides of the skin depends on several factors, including: isolated versus chronic nature of the vasculitis; presence of an identifiable cause of the vasculitis; features of systemic (internal organ) involvement of the vasculitis; and severity of the cutaneous involvement of the vasculitis. The most common vasculitic presentation requiring long-term treatment in the dermatology clinic is idiopathic and recurrent skin-limited immune-complex vasculitis. First-line treatment for this subtype of cutaneous vasculitis is colchicine or dapsone (either singly or in combination). In cases that do not respond to first-line treatment, a steroid-sparing immunosuppressive agent (such as mycophenolate mofetil or azathioprine) may be utilized. For severe idiopathic and recurrent skin involvement, a short tapering course of prednisone (for no more than 2-3 months) can be used while the steroid-sparing medication reaches therapeutic effect.