



CUTANEOUS SMALL VESSEL VASCULITIS AFTER INTAKE OF CHICKEN

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INTRODUCTION

Cutaneous Small Vessel Vasculitis or Leuko-cytoclastic vasculitis is characterized by vascular damage caused by nuclear debris from infiltrating neutrophils [1]. It often presents as a cutaneous disease only or sometimes it may be a manifestation of other systemic diseases [2]. The precipitating factors are usually certain medications, infections and neoplasm. It is often presents as palpable purpura. CSVV can occur at any age and has no gender predilection.

Presentation

A 27-year-old breastfeeding female came with complaints of 1 day duration of multiple purpuric rashes over the anterior

aspect of her right leg after ingestion of chicken meat. No other family member had similar complaints after the chicken ingestion. Patient had no history of localized pain over the rashes, fever, dyspnea, decreased urine output, abdominal pain, nausea, vomiting, diarrhea, chest pain or palpitations. Patient is not a known case of Diabetes Mellitus, Hypertension, Tuberculosis, Bronchial Asthma or any auto-immune diseases. On examination, multiple diffuse palpable purpuric rashes were noted over the anterior aspect of leg. Vitals were found to be stable and systemic examination revealed no significant abnormalities.

Clinical Course and Management

CBC showed leukocytosis and thrombocytosis. LFT, RFT and urine routine came back normal. CRP was elevated (46 mg/dl), ESR was 52 mm, Rheumatoid factor and Anti-CCP was negative, ANA (IFA) was negative, viral markers like HBsAg, HIV and Anti-HCV were found to be negative.

Skin biopsy from the site of rash shows picture of edematous papillary dermis and upper dermis showed patches of vascular proliferation surrounded predominantly by neutrophils, lymphocytes, histiocytes and occasional eosinophilia and few vessels showed neutrophils adherent to the wall. Skin biopsy picture was suggestive of vasculitis and hence a final diagnosis of Cutaneous Small Vessel Vasculitis was made following intake of chicken.

The patient was duly started on systemic corticosteroid (T. Prednisolone 40 mg per day) and was followed up for one week. Patient started improving symptomatically and the rashes disappeared within one week of starting corticosteroids.

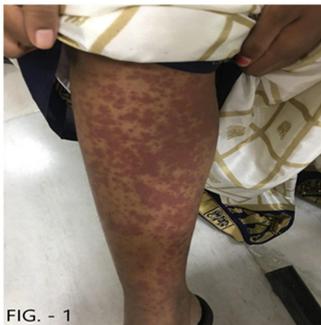


FIG. - 1
Figure 1: showing multiple and diffuse palpable purpura over the anterior aspect of right leg

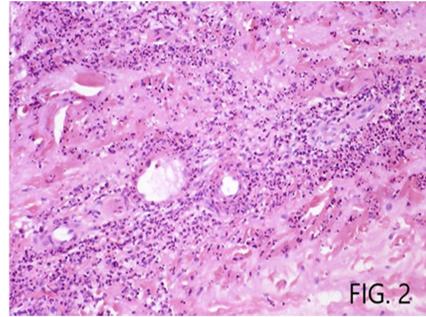


FIG. 2
Figure 2: showing skin biopsy picture of edematous papillary dermis and upper dermis showed patches of vascular proliferation surrounded predominantly by neutrophils, lymphocytes, histiocytes and occasional eosinophilia and few vessels showed neutrophils adherent to the wall

DISCUSSION

Cutaneous small vessel vasculitis is a group of disorders caused by leukocytoclastic vasculitis of post-capillary venules. The etiology of CSVV is usually idiopathic. Hypersensitivity vasculitis is usually precipitated by drugs (TNF alpha inhibitors, NSAID's, sulfonamides), infection (Hep B and C) and certain chemicals. Hypersensitivity vasculitis is mediated by immune complex deposition within the vessel wall activating complement and inflammatory mediators. Treatment of CSVV is usually with Dapsone, corticosteroids and immunosuppressants. Till date there is no overt report of cutaneous vasculitis following chicken meat ingestion. Possible additives to meat are also postulated to be a cause of hypersensitivity vasculitis. CSVV is a rare disorder hence a strict vigilance is required to reach the diagnosis. Differential diagnosis like TTP, Benign pigmented

purpura and Schamberg disease are also to be considered. Quick identification of the offending agent should be done in order to prevent complications.

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