

Unilateral Macular Lymphocytic Arteritis

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Macular lymphocytic arteritis (MLA) is a benign cutaneous arteritis reported by Fein, *et al*¹. MLA could be considered a non-nodule-forming variant or a less aggressive form of cutaneous polyarteritis nodosa^{2,3}.

A 23-year-old woman presented with an 8-week history of asymptomatic macular dermatosis located on the upper and lower right limbs (Figure 1). She denied fever, weight loss, animal bite, previous drug use, alopecia, visual disturbances, dry mouth, dyspnea, arthralgias, and gastrointestinal symptoms. Clinical examination was otherwise normal and lesions were asymptomatic. Routine laboratory tests, erythrocyte sedimentation rate, and C-reactive protein were in normal ranges. Tests were negative for antinuclear, anti-dsDNA, anti-SSA/Ro, anti-SSB/La, antiphospholipid, and antineutrophil cytoplasmic antibodies and complement factors. Skin biopsy from the right leg found vasculitis with fibrinoid necrosis associated with a perivascular lymphocytic infiltration affecting the arterioles at the dermal subcutaneous junction with negative immunofluorescence (Figure 2). We did not observe skin ulceration or internal elastic lamina disrupted in the affected vessels. Prednisone in low doses, methotrexate, and colchicine were used with total resolution of the lesions. After 8 months of followup, the patient was asymptomatic.

There is some controversy about the similarity of MLA with lymphocytic thrombophilic arteritis, with some authors considering them the same disease^{2,4}. Saleh and Mutasim

evaluated 10 cases of MLA with their clinical characteristics⁵. To our knowledge, ours is the only case with unilateral presentation. There is no standardized treatment regimen for MLA. Lee, *et al* had used various modalities such as prednisolone, low-dose aspirin, clopidogrel bisulfate, nifedipine, and warfarin⁶.

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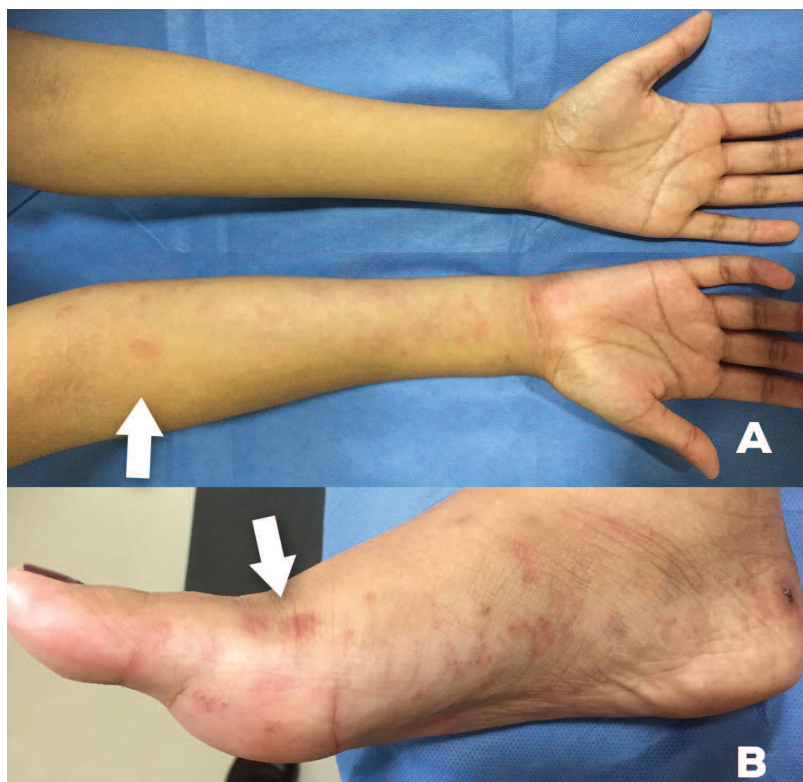


Figure 1. Hyperpigmented macules on the (A) upper and (B) lower right limbs (arrows).

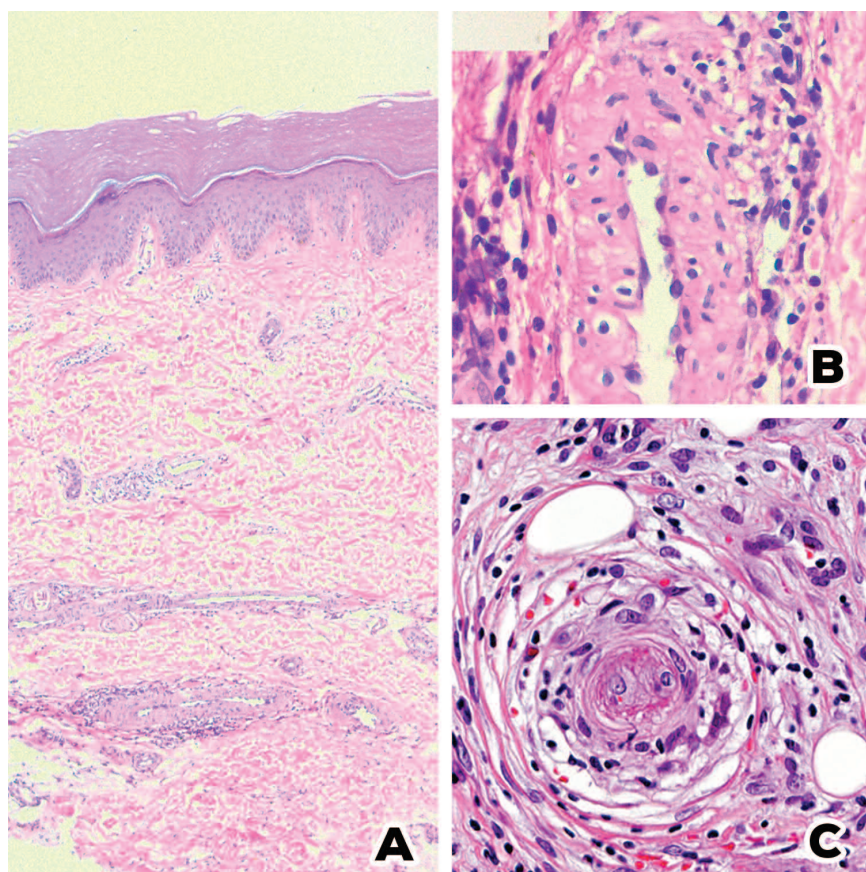


Figure 2. Skin biopsy with lymphocytic vasculitis. (A) Lower magnification of the skin biopsy. (B and C) Perivascular inflammatory infiltrate affecting the arterioles mainly composed of lymphocytes, polymorphonuclear, and eosinophils.