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Images in Rheumatology

Late-onset Hemorrhagic Cutaneous Immunoglobulin A Vasculitis

Mark Lubow Riley, DO, Medical Resident, Department of Medicine, Albany Medical Center; Ana Maheshwari, MBBS, Rheumatology Fellow; Ruben Peredo-Wende, MD, Attending Rheumatologist, Department of Medicine, Division of Rheumatology, Albany Medical Center, Albany, New York, USA. Address correspondence to M.L. Riley, 43 New Scotland Avenue, Albany, New York, NY 12208, USA. Email: rileym3@amc.edu. Ethics approval was received from the Albany Medical College Institutional Review Board (Approval Number: 00001314). Written informed consent to compose and publish this case report was obtained from the patient.

Although more commonly seen in children, IgA vasculitis can occur in adults and presentations are often severe[1,2].

A 67-year-old woman with a history of chronic sinusitis, asthma, and allergic rhinitis presented with 4 months of painful, ulcerating skin lesions on her lower extremities, arthralgia, and stocking and glove paresthesia. She denied upper respiratory, gastrointestinal, urinary symptoms, or preceding illnesses.

Initially, she received 2 courses of trimethoprim-sulfamethoxazole for presumed cellulitis without improvement. Over the next few months, she received 3 courses of prednisone (up to 60 mg/day). Despite treatment, skin lesions progressed.

On examination, large hemorrhagic, ulcerated lesions were visible on both legs with palpable purpura on the dorsum of the feet and petechiae on the arms, chest, and back. Bilateral pedal edema was present. Laboratory studies showed creatinine of 1.00 mg/dL, estimated glomerular filtration rate (eGFR) of 55 mL/min/1.73m^2, hematuria, 2.43 g of proteinuria over 24 h, and red blood cell casts on urine microscopy. Antinuclear antibody was positive at 1:160 titer in a homogenous pattern. Complete blood count, inflammatory markers, complement factors, and antineutrophil cytoplasmic antibodies were normal. A skin biopsy demonstrated leukocytoclastic vasculitis with perivascular deposition of IgA and C3 consistent with IgA vascu-

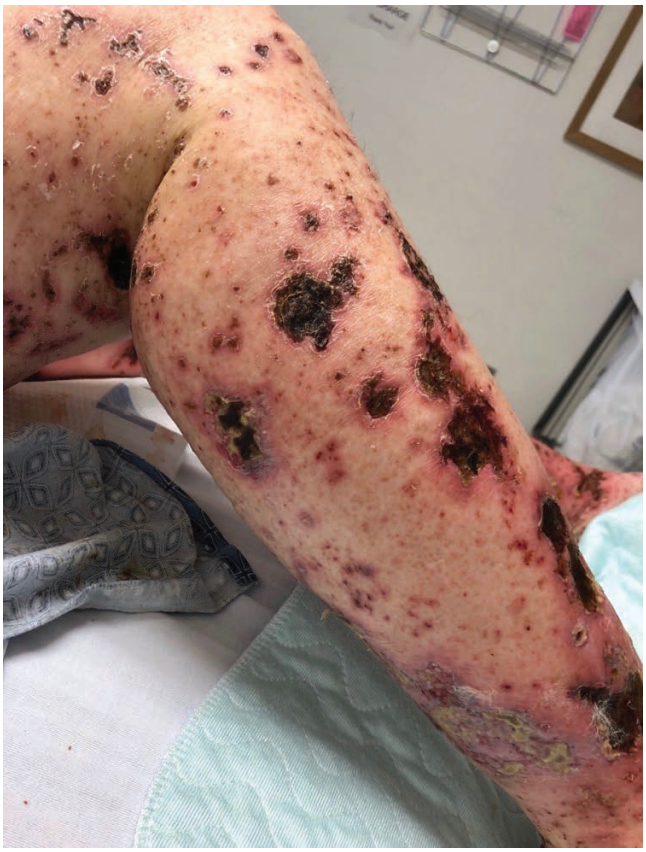

Figure 1. Ulcerated lesions of the right leg on initial presentation.

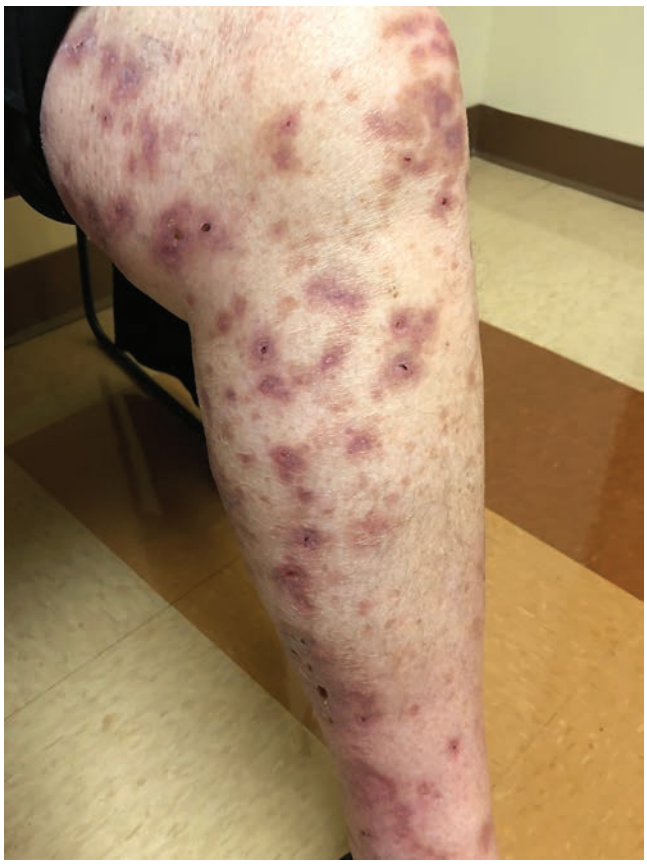

Figure 2. Skin lesions at 2-month follow-up demonstrating resolution of ulcers with residual hyperpigmentation.

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litis. Due to the severity, rituximab (RTX) was initiated for 4 doses with prednisone 60 mg daily. At 2-month follow-up, skin lesions had markedly improved with residual hyperpigmentation. Creatinine improved to 0.88 mg/dL and eGFR to > 60 ml/min/1.73m^2. The 24-h urine protein decreased to 800 mg/day. The arthralgia resolved, but neuropathy persisted.

In cases where IgA vasculitis has severe presentations in adults, RTX can be beneficial[3,4].

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