Open Access

Clinical Image

Rheumatoid Vasculitis: Heterogeneous Clinical Presentation

Rebecca Ribeiro Gouvêa^{1*}, Otávio Augusto Gomes da Paz²

¹Physician, Specialized in General Practice by the University Center, CESUPA, Brazil

²Physician and Rheumatologist; Professor of Clinical Medicine in University Center, CESUPA, Brazil

***Corresponding Author:** Rebecca Ribeiro Gouvêa, Physician, Specialized in General Practice by the University Center, CESUPA, Brazil; E-mail: beccaribeiro@hotmail.com

Received Date: 05-11-2020; **Accepted Date:** 21-11-2020; **Published Date:** 28-11-2020

Copyright© 2020 by Gouvêa RR, et al. All rights reserved. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Vasculitis is defined as a vascular inflammation which may be localized or systemic and mostly idiopathic. Usually it affects several organs of the body such as skin, kidneys and lungs. Vasculitis is one of the biggest challenges in medical research diagnostics, in nonspecific clinical presentation, as it develops slowly over few weeks to months. In addition, to confirm this, the diagnostic laboratory tests are required and sometimes biopsy is required to be done of the affected artery or serology. To cure this ailment, it is essential to opt for a therapy for symptomatic improvement, induction, remission and decreased mortality.

Keywords

Rheumatoid Arthritis; Vasculitis; Vasculitis Cutaneous

Introduction

Systemic vasculitis, has for many years been a diagnostic challenge in the field of clinical medicine and rheumatology. Among these, rheumatoid vasculitis, a rare and serious complication of Rheumatoid Arthritis (RA) [1,2]. Rheumatoid vasculitis is a form of cutaneous presentation with an annual incidence of 12.5 patients/1,000,000, typically affecting small and medium vessels, with associated peripheral neuropathy (very often motor), digital gangrene,

Gouvêa RR | Volume 1; Issue 3 (2020) | JDR-1(3)-014 | Clinical Image

Citation: Gouvêa RR, et al.. Rheumatoid Vasculitis: Heterogeneous Clinical Presentation. J Dermatol Res. 2020;1(3):1-3.

DOI: <http://dx.doi.org/10.46889/JDR.2020.1304>

nail bed infarctions and palpable purple [3]. The spectrum of clinical injuries reported in rheumatoid vasculitis is wide and varies with the size and location of the affected vessels and the extent of the disease [4]. It is a rare and serious complication that must be diagnosed early, given the great interference in the evolution, treatment and prognosis of the underlying disease. The study was aimed to describe a case of RA evolving with rheumatoid vasculitis, a rare and serious condition.

Case Report

A 63 year old woman (non-smoker) with a history of rheumatoid arthritis from the past 15 years, characterized by rheumatoid factor elevated titers, erosive poliartthritis and positive testing for anti-CCP antibodies. The treatment included prednisolone, methotrexate and hydroxicloroquine. Despite of certain treatments, she developed ischemic ulcer in a left hand dorsum and nailbed infarction and digital ischemia of the left fingers (Fig. 1 and 2).

The image clearly shows a typical rheumatoid hand, with ulnar deviation, metacarpophalangeal subluxation, atrophy of interosseous muscles and deformities (swan's neck and boutonnière). There are two types of rheumatoid vasculitis, demonstrated by ulceration in the area of third metacarpophalangeal joint and periungual infarction in the second one, as well as the discrete points of ischemia in the digital pulps. This image elaborates the heterogeneity of the clinical presentations of this single entity [5].

Figure 1: Ulceration in the area of the third metacarpophalangeal joint and periungual infarction in the second finger.

Figure 2: Points of ischemia in the digital pulps.

References

1. Scott DG, Bacon PA, Tribe CR. Systemic rheumatoid vasculitis: a clinical and laboratory study of 50 cases. *Medicine*. 1981;60(4):288-97.
2. Sethi A, Goldsmith LA, Katz SI, Gilchrest BA, Paller AS, Leffell DJ, et al. Tuberculosis and infections with atypical mycobacteria. *Fitzpatrick's dermatology in general medicine*. Ed. 8th. New York: McGraw-Hill. 2012;2225-41.
3. Staub HL. Immune vasculitis-Diagnosis and differential diagnosis. *Themes Rheumatol Clin*. 2008.
4. Bartels CM, Bridges AJ. Rheumatoid vasculitis: vanishing menace or target for new treatments? *Curr Rheumatol Rep*. 2010;12(6):414-9.
5. Makol A, Crowson CS, Wetter DA, Sokumbi O, Matteson EL, Warrington KJ. Vasculitis associated with rheumatoid arthritis: a case-control study. *Rheumatol*. 2014;53(5):890-9.