A CASE OF LEUKOCYTOCLASTIC VASCULITIS PRESUMABLY SECONDARY TO SARS-COV-2 INFECTION

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BACKGROUND

Leukocytoclastic vasculitis is a cutaneous vasculitis affecting the small vessels of the dermis. About 30% of patients may present with extracutaneous involvement, such as arthralgias, low-grade fever, and weight loss. It can be idiopathic or secondary to several triggers, particularly infections and drugs. Viruses are among the known agents that may trigger the disease. We present a case of vasculitis presumably secondary to SARS-CoV-2 infection.

CASE REPORT

A 58-year-old female with a past medical history of hypertension, diabetes mellitus, venous ulcers of the lower limbs, and ischemic stroke presented to the emergency room with painful erythematous lesions predominantly on the lower limbs, but also on the upper limbs, back and ears. The lesions had irregular borders and did not blanch on pressure. The patient reported having lost 6 kg within a week, and complained of fatigue and arthralgia of the hands. No other signs of arthritis except for the pain were identified. She had no fever or respiratory symptoms. As part of regular testing protocol, a SARS-CoV-2 PCR was ordered, and came back positive. A CT-scan of the thorax showed 10% of lung parenchyma affected by COVID-19, and detected subclinical pulmonary embolism. Clinical suspicion for cutaneous vasculitis prompted a skin biopsy. Histology of the specimen was compatible with leukocytoclastic vasculitis. The patient was thoroughly investigated for secondary causes of vasculitis, but no trigger other than SARS-CoV-2 was identified. She was started on oral prednisone 60 mg/day and is to be followed as an outpatient by the rheumatology and dermatology teams.

CONCLUSION

COVID-19 has a varied disease phenotype, and cutaneous vasculitis is probably one of the possible presentations. Most cases of idiopathic leukocytoclastic vasculitis are restricted to the skin and are self-limiting. It is yet to be determined if the cases secondary to SARS-CoV-2 also tend to follow this benign course. Of notice, our patient had systemic symptoms and needed high dose of corticosteroid therapy for disease control.

KEYWORDS

Vasculitis, COVID-19, SARS-CoV-2.