

CUTANEOUS VASCULITIS

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Systemic vasculitis represents a broad range of diseases characterized by the presence of blood vessel inflammation and necrosis. The size of vessels involved (large, medium or small) usually categorizes vasculitis. The general signs and symptoms of vasculitis are fever, myalgias, arthralgias, and malaise. The cutaneous features of vasculitis can vary depending on the disease with lesions ranging from erythematous macules and/or nodules to hemorrhagic vesicles and palpable purpura to necrotic lesions and ulceration. Immunologic features are believed to be a part of the pathogenesis of most vasculitic syndromes. Almost 10% of patients with vasculitis manifest a drug reaction rather than a disease process as a cause of cutaneous lesions, which usually appear after one week of drug administration.

Immunosuppressive therapy forms the foundation of treatment for almost all forms of systemic vasculitis. Newer agents such as mycophenolate mofetil, rituximab and tumor necrosis factor α inhibitors are finding new indications in the therapy of conditions such as cutaneous vasculitis. Topical treatment includes debridement of necrotic tissue, control of infection and use of moist wound dressings.

Small Vessels: Leukocytoclastic vasculitis, Henoch-Schonlein Purpura, Urticarial vasculitis, Mixed cryoglobulinemia.

Small to medium vessels: Buerger Disease, Central Nervous System Vasculitis Wegener's granulomatosis, Churg-Strauss syndrome, Microscopic polyangiitis Medium vessels: Kawasaki syndrome, Polyarteritis nodosa.

Large vessels – Giant Cell Arteritis, Temporal arteritis, Takayasu's arteritis Vessels of any size: Behcet's Disease.

Vasculitis related to connective tissue disease: Rheumatoid Vasculitis, SLE Primary Systemic Sclerosis (Scleroderma), Sjogren's syndrome, Polymyalgia Rheumatica