CHAPTER 25

LEUKOCYTOCLASTIC VASCULITIS (L95. 9)

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REMEMBER

- Leukocytoclastic vasculitis (LCV) is actually a histopathological diagnosis, and is a disease that can involve arterioles, capillaries and postcapillary veins in the skin and internal organs.
- While the incidence of cutaneous LCV varies between 15 and 38 cases per million, the prevalence has been reported as 2.7-29.7 per million.
- Cutaneous LCV affects both sexes and patients of all ages equally.
- It is known that various drugs, hematological, and solid organ malignancies, several infections, and some inflammatory diseases may trigger LCV.
- Cutaneous leukocytoclastic vasculitis triggered by the COVID-19 vaccine has also been reported in the literature.
- The typical clinical presentation of LCV is palpable purpura. Papules usually occur simultaneously or sequentially, within a few hours. Lesions primarily occur on the lower legs, but some pressure areas such as the back may also be involved in bedridden patients. Lesions often tend to coalesce to cover large areas of skin. Rarely, nodular lesions may also be observed in LCV.
- Lesions usually disappear gradually within 2-3 weeks, leaving a post-inflammatory hyperpigmentation.

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naproxen. It may be appropriate to evaluate the drug use histories of the patients with a clinical pharmacologist.

Pulmonary Medicine

- It has been reported that leukocytoclastic vasculitis may occur in the course of sarcoidosis. Patients with symptoms such as dyspnea and/or suspected sarcoidosis should be evaluated by a pulmonologist.

Hematology

- It has been expressed in the literature that leukocytoclastic vasculitis may develop in the course of non-Hodgkin lymphomas, multiple myeloma, and other paraproteinemia. In case of doubt, the patients should be assessed by a hematologist.

Medical Oncology

- It has been declared that leukocytoclastic vasculitis may be seen as a paraneoplastic syndrome in various internal organ malignancies (genitourinary system, gastrointestinal tract, and lung carcinomas). In case of doubt, patients should be consulted to a medical oncologist.

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BÖLÜM 29

LÖKOSİTOKLASTİK VASKÜLİT (L95.9)

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HATIRLA

- Lökositoklastik vaskülit (LKV) aslında histopatolojik bir tanıdır ve deri ile iç organlarlardaki arteriyolleri, kapillerleri ve postkapiller venleri tutabilen bir hastalıktır.
- Kutanöz LKV insidansı milyonda 15 ila 38 vaka arasında değişirken, prevalans milyonda 2.7-29.7 olarak bildirilmiştir.
- Kutanöz LKV her iki cinsiyeti ve her yaştan hastayı eşit olarak tutmaktadır.
- Çeşitli ilaçların, hematolojik ve solid organ malignitelerinin, bazı enfeksiyonların ve bazı inflamatuvar hastalıkların LKV'yi tetikleyebildiği bilinmektedir.
- COVID-19 aşısı ile tetiklenen kutanöz lokositoklastik vaskülit vakaları da bildirilmiştir.
- LKV'nin tipik klinik prezentasyonu palpabl purpuradır. Papüller genellikle birkaç saat içinde, aynı anda veya sırayla oluşur. Lezyonlar öncelikle alt bacaklarda oluşur ancak yatalak hastalarda sırt gibi bazı basınç bölgeleri de tutulabilir. Lezyonlar sıklıkla geniş deri alanlarını kaplayacak şekilde birleşme eğilimi gösterebilir. LKV'de nadiren nodüler lezyonlar da izlenebilir.
- Lezyonlar genellikle 2-3 hafta içinde yavaş yavaş kaybolur ve post-inflamatuvar hiperpigmentasyon bırakır.

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farmakoloji uzmanı ile değerlendirilmesi uygun olacaktır.

Göğüs Hastalıkları

- Lökositoklastik vaskülitin sarkoidoz seyrinde ortaya çıkabileceği bildirilmiştir. Dispne gibi semptomları olan ve/veya sarkoidoz şüphesi olan hastalar göğüs hastalıkları uzmanı tarafından değerlendirilmelidir.

Hematoloji

- Literatürde Hodgkin dışı lenfomalar, multipl myelom ve diğer paraproteinemilerin seyrinde lökositoklastik vaskülit gelişebileceği bildirilmiştir. Şüphe halinde hematoloji uzmanından görüş almak değerlidir.

Medikal Onkoloji

- Lökositoklastik vaskülitin bazı iç organ maligniteleride (genitoüriner sistem, gasttointestinal kanal ve akciğer karsinomları) paraneoplastik bir sendrom olarak görülebileceği bildirilmiştir. Şüphe halinde hastalar medikal onkoloji uzmanına hastalar konsülte edilmelidir.

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