Wound Sleuth

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Small Red Spots on the Lower Legs

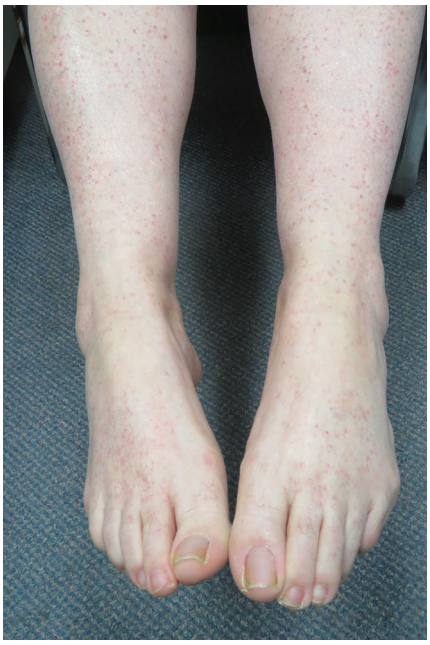
History: A 43-year-old airline company receptionist presented with itchy legs and a bright red speckled cayenne-pepper-like appearance to the lower legs (see Figures 1 & 2). She has seasonal allergies and previous reactions to ibuprofen and shellfish. Our patient is on no systemic medication.

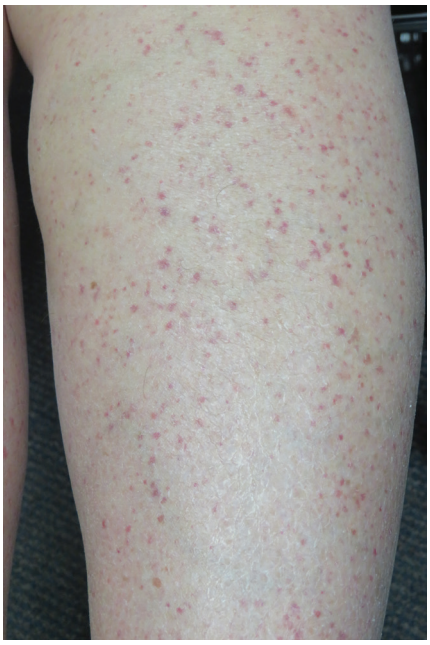
Examination: Clusters of small bright red purpuric lesions were visible on the lower legs below the knees. Mixed with the lesions were resolving brown-yellow spots. None of the lesions were palpable to the fingertips. There was evidence of venous varicosities and a palpable dorsalis pedis pulse.

Investigations: Her hemoglobin was normal at 135 g/L (normal 110–147 g/L) with normal renal and liver function tests. The HbA1c was 6.1%, indicating prediabetes with the lab value of ≥ 6.5% as diagnostic of diabetes. The immunoglobulin electrophoresis was normal, and ANA (antinuclear factor) was negative.

Q What is it, and what is the cause?

Diagnosis and potential etiologies: These are benign pigmentary purpura due to leaky red blood vessels from the small capillaries on the surface of the skin. The leakiness can be due to venous disease, especially with swelling at the end of the day. Such leaky blood vessels have also been linked to a potential cell-mediated immune response. The ingestion of associated drugs was detected in 14% of a large published survey of 174 cases.[1] The authors identified agents such as acetaminophen, ASA, NSAIDs, furosemide, bromine-containing drugs, carbamazepine, thiamine or sildenafil.





Figures 1 & 2: Clusters of small bright red purpuric lesions visible on the lower legs below the knees

Other uncommon potential associations are infections and, rarely, in long-term cases (years), cutaneous T cell lymphoma, macroglobulinemia and rheumatoid arthritis. Most cases are idiopathic.

A Differential diagnosis: Pigmentary purpura can be distinguished from vasculitis through touch. In vasculitis, the lesions are palpable to the fingertips. Cutaneous small vessel vasculitis (formerly leukocytoclastic vasculitis) may involve internal organs in 50% of cases—commonly joints, kidney and liver, and less commonly lungs, heart and GI tract.

Also in the differential diagnosis are vasculopathies with a net-like small-vessel prominent structure around the ankles, plus atrophie blanche (white atrophy areas and non-palpable purpura).

Treatment

Treatment may include the use of oral bioflavonoids or ascorbic acid. If the area is itchy, topical calcineurin inhibitors (prescription for tacrolimus 0.1% ointment or pimecrolimus cream) can be used and will not thin the skin like topical steroids. There are newer prescription H1 antihistamines that would also help with itch and do not cause drowsiness with 24-hour coverage (bilastine 20 mg or rupatadine 10 mg); or cetirizine (10 mg OTC and 20 mg Rx) that can cause drowsiness in 20% of individuals, so it should be taken at night.

Tip

Topical moisturizers or dermatological preparations can be kept in the refrigerator to relieve itch with a cool sensation upon application.

If venous disease is evident with a palpable foot pulse, support stockings, knee high with 8–15 mm or 15–20 mm Hg may be useful. Other systemic alternatives include pentoxifylline 400 mg daily, or colchicine, 0.6 mg bid.

Reference

1. Ratnam KV, Su WP, Peters MS. Purpura simplex (inflammatory purpura without vasculitis): A clinicopathologic study of 174 cases. J Am Acad Dermatol. 1991;25(4):642–647.

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