Leukoclastic vasculitis extending from esophagus to terminal ileum

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Abstract

Leucocytoclastic vasculitis (LCV) is commonly presented as a skin disease by affecting the small vessels of targeted area. Containing loops of vessels with end- capillaries makes the small intestine villus potantially target area of LcV, when obstructed with immune complexes. (Acta gastroenterol. belg., **2015**, 78, **250-251**).

Key words : leukoclastic vasculitis and gastrointestinal system.

Leucocytoclastic vasculitis (LcV) is commonly presented as a skin disease by affecting the small vessels of targeted area. Palpable purpura is the clinical hallmark and deposition of immune complexes at the vessel wall is the main cause of LcV. Containing loops of vessels with end- capillaries makes the small intestine villus potantially target area of LcV, when obstructed with immune complexes (1).

A 61 year-old male patient presented with rectal bleeding and a week history of rash over the leg (Fig. 1), limb and buttocks. Diabetes mellitus and insulin therapy were in his past medical history. On examination, he was tachycardic and hypotensive. Mildly epigastric and right low quadrant tenderness were detected. Haemoglobin was 8.6 gr/dL, leucocyte count was 12,000/μL and platelet count was 225,000/μL. Biochemical parameters were normal except hyperglisemia (165 mg/dL). Urine analysis was unrevealing. ANA, pANCA, ASMA, RF, cryoglobuline were all negatives and immunoglobulins and complements (C3,C4) were in normal range. In gastroscopy, fragil mucosa and deep ulcerations with yellow-brown exudates in esophagus, hyperemic mucosa and submucosal hemorrhage in corpus and antrum of stomach and edematous mucosa with superficial ulcers in duodenum were seen (Fig. 2A, B, C respectively). Colonoscopy revealed severe edematous mucosa with submucosal hemorrhage and ulcers (Arrow on Fig. 2D) in terminal ileum beside normal colonic sign. Biopsy were taken during endoscopic procedures from affected area. Beside chronic inflamation in gastric biopsy samples, inflammation of small vessels and polymorphonuclear cell infiltration which suggest LCV, were seen in samples of esophagus, duodenum and terminal ileum by pathological assesment. Also skin biopsy was consisted with LcV. The patient was considered to have systemic LcV and methyl prednisolone was started at 1 mg/kg. Rectal

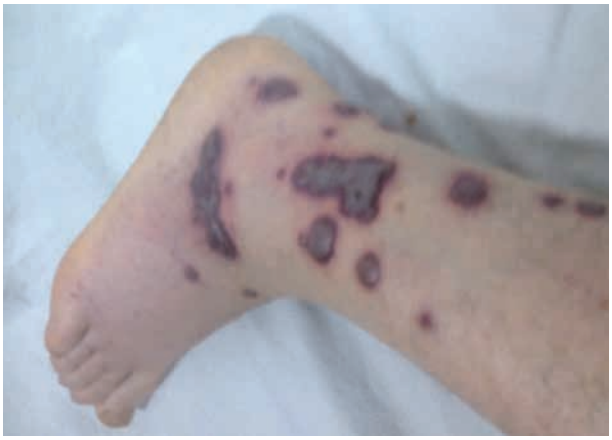

Fig. 1. —

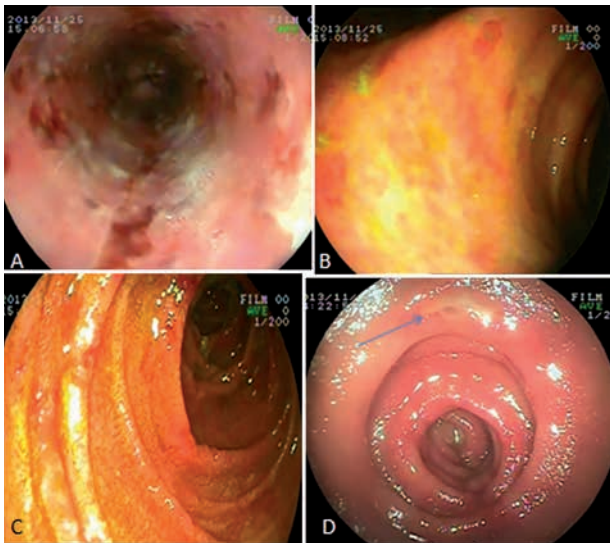

Fig. 2. —

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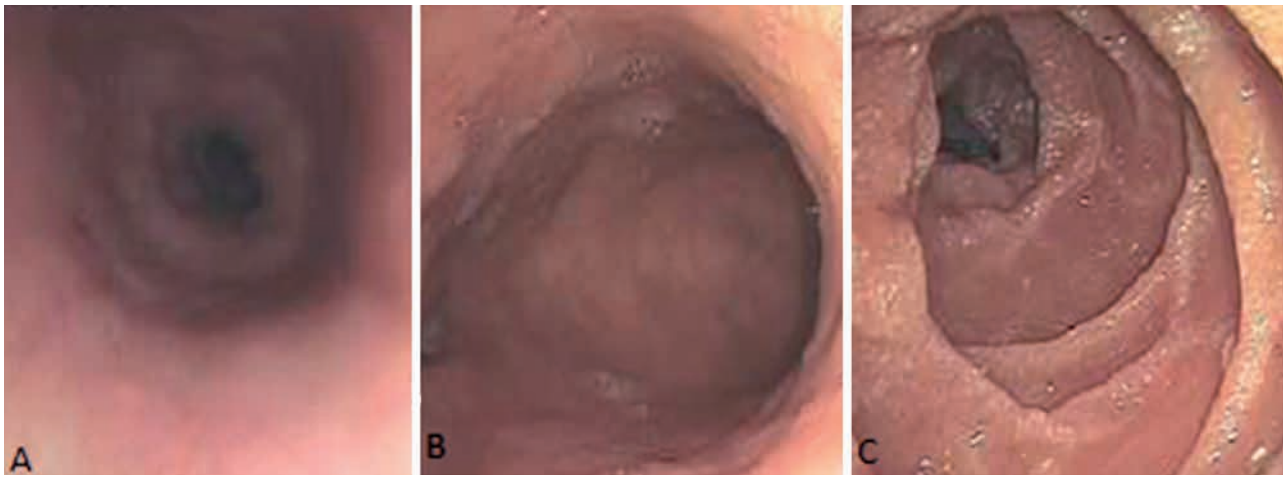

Fig. 3. —

bleeding did not occur again during the treament and also lessions in the gastroscopy resolved completely within two weeks (Fig. 3A, B and C).

Necrosis of the wall of small and medium-sized arteries with extravasation of erythrocytes, infiltration of tissue with neutrophils and deposition of nuclear fragments from degenerating neutrophils result from a process that mediated by immune deposits and is called as LcV. Mild or severe abdominal pain that resembles acute abdomen and bleeding may occur in the LcV patients. Intussusception, infarction and perforation are uncommon. Due to predilection toward ischemic injury, small intestine is the most involved area of the gastrointestinal system that can be mimic Crohn's disease (2). However, solely esophageal involvement of LcV has been reported (3). Duodenal biopsy may be diagnostic in some occasion. In case of intestinal or any systemic involvement, steroid treatment should be kept in mind.

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