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Original Research Paper

Dermatology

PURPURA ANNULARIS TELANGIECTODES: A RARE CASE REPORT

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KEYWORDS :

INTRODUCTION:

Purpura annularis telangiectodes or Majocchi disease is a rare subtype of pigmented purpuric dermatosis with a poorly understood etiopathogenesis implicated mainly to underlying capillaritis. The annular configuration is characteristic for this subtype and in spite generally being a benign condition demands ruling out of other differential diagnosis.

Case Report: An 10 years old otherwise healthy female child was brought to the outpatient department with a history of occasionally itchy but otherwise asymptomatic progressively increasing small reddish patches noticed since past one month initially involving lower extremities and progressively involving the trunk and arms. The parents noticed new lesions over few days with incomplete subsidence and mild color change in the older lesions.

On dermatological examination there was symmetrical involvement of the trunk, extremities and neck in form of variable sized, 1 to 5 centimeters annular erythematous macules few showing central clearing and associated telangiectasis and petechiae in between (figure 1-3). The older lesions showed brownish discoloration. Systemic examination was normal. The routine hematological and biochemical parameters were unremarkable and patient was screened for hepatitis B and C.

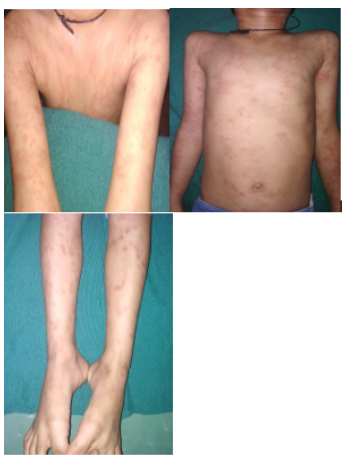

Figure 1-3: showing lesions with symmetrical involvement of the trunk, extremities and neck in form of variable sized, 1 to 5 centimeters annular erythematous macules few showing central clearing and associated telangiectasis and petechiae in between.

The consent for histopathological examination could not be obtained and clinically a diagnosis of Purpura annularis telangiectodes was kept and patient was prescribed mometasone furoate 0.1% w/v lotion, bland emollient, and tablet desloratadine 2.5mg daily. The parents were counselled and explained about the general benign nature of the condition and patient was followed up for three months during which parents noticed relapses and partial remissions although the itching subsided.

Discussion: Purpura annularis telangiectodes usually affects young females and presents as variable sized annular macules with associated petechiae, telangiectasias and hemosiderin staining (of older lesions) presenting initially symmetrically in legs and then may involve the trunk and upper extremities. Rarely unlilateral variants have been reported[1]. On histopathology superficial perivascular lymphocytic infiltrate with extravasation of erythrocytes and hemosiderin staining of older lesions is seen. Lesions are generally asymptomatic but itching may be present. Common differentials to be considered include contact dermatitis, vasculitis, angioma serpiginosum and cutaneous T-cell lymphomas.

The exact etiology of purpura annularis telangiectodes like the parent entity, pigmented purpuric dermatosis is unclear and various drugs, contact dermatitis, systemic disorders and infections have been implicated[2].For management drug history for potential culprit drugs or chemical agents causing contact dermatitis must be obtained and stopped. Patients must be counselled for the generally benign but chronic and recurrent nature of the disease. Medium to high potency topical steroids along with emollients are generally the first used therapy although results are not very drastic. Other modalities with variable results include phototherapy[3], ascorbic acid with rutoside[4], pentoxifylline[5], griseofulvin[6], colchicine[7],cyclosporine[8],methotrexate[9].The other differentials especially Cutaneous T-cell lymphoma should be considered and besides histopathology, patch testing maybe useful to rule out contact dermatitis.

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