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BEYOND RARITY: A CASE OF PURPURA ANNULARIS TELANGIECTODES OF MAJOCCHI

Dermatology

Nikhat MBBS, MD DVL, Associate professor, Department of Dermatology Venereology and Leprosy, Shadan Institute of Medical Sciences, Teaching hospital and Research centre[1] Peerancheru, Hyderabad, Telangana, India

Syeda Tahniyath Fatima MBBS, Junior resident, Department of Dermatology Venereology and Leprosy, Shadan Institute of Medical sciences, Teaching hospital and Research centre, Peerancheru, Hyderabad, Telangana, India.

Shaik Shaheen MBBS, Junior resident, Department of Dermatology Venereology and Leprosy, Shadan Institute of Medical sciences, Teaching hospital and Research centre, Peerancheru, Hyderabad, Telangana, India.

ABSTRACT

Case report of Purpura Annularis Telangiectodes which is a rare type of Pigmented Purpuric Disease. We report this case of a 44-year-old female with Purpura Annularis Telangiectodes of Majocchi (PATM) who presented with multiple annular purpuric plaques with a possible drug aetiology of NSAID's and Aspirin. It is usually self-resolving. However, in our case we managed with systemic and topical steroids. **Conclusion:** We present this case because of the rarity of PATM and it should be kept in mind that NSAID's and Cardiovascular drugs play a role in etiopathogenesis.

KEYWORDS

Purpura Annularis Telangiectodes; NSAID's; Purpura Simplex; Capillaritis

INTRODUCTION

Purpura Annularis Telangiectodes of Majocchi (PATM), also known as Majocchi disease, is a rare subclass of Pigmented Purpuric Dermatoses (PPD).[1] PAT usually occurs in adolescence and particularly in women. [2] At least five different subtypes of pigmented purpuric dermatoses have been described. Clinical overlap between the various subtypes may occur, first described in 1896 by Majocchi [3]. The disease is characterised by symmetrical, purpuric, telangiectatic, and atrophic patches, with a predilection for the lower extremities and buttocks. Individual lesions coalesce to form annular patches and plaques, which range from 2-20 mm in diameter and do not blanch with pressure. Although primarily annular, these patches may be linear, stellate, or serpiginous in shape [4]. The lesions may persist for years and often develop central atrophy.

CASE REPORT

We report a case of purpura annularis telangiectodes of Majocchi (PATM) with a possible drug aetiology of NSAIDs, Aspirin and viral infection. 44-year-old women presented with symptomatic skin eruption that has been present for 3 months, fever for 1 week. Patient had a history of taking oral tramadol, acetaminophen, ibuprofen, diclofenac sodium and aspirin from 1 year. She also had a history of coronary artery disease, diabetes, hypertension and osteoarthritis for which she has been taking regular medications. No history of bleeding diathesis, Malena was present.

Physical examination revealed multiple, large, linearly placed, symmetrical, non-blanchable, palpable, erythematous, annular purpuric plaque with peripheral scaling, size 3 x 3 cms and rim of red telangiectasia with central clearing distributed over bilateral extremities and gluteal region.

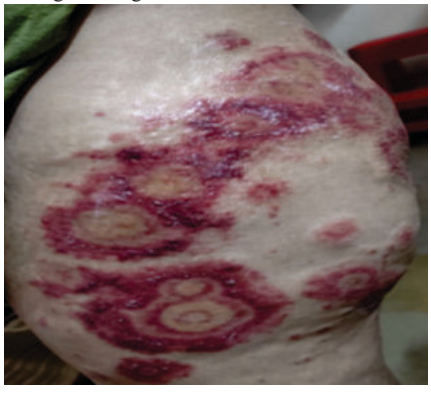

Figure 1

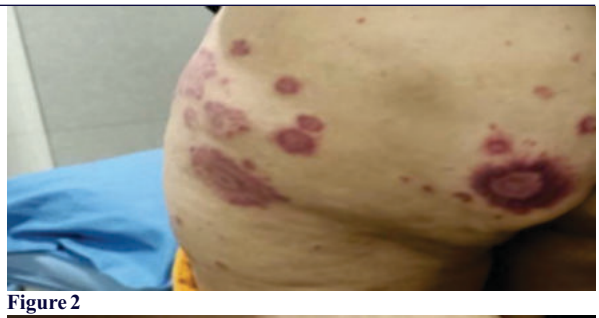

Figure 2

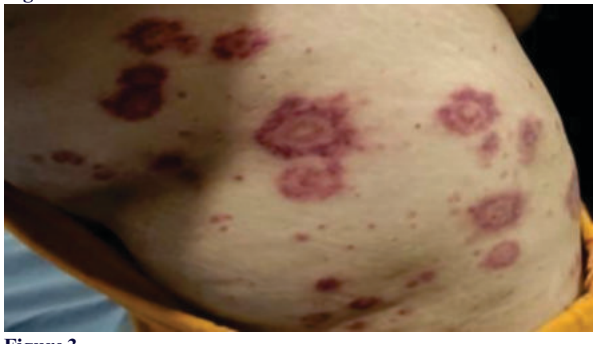

Figure 3

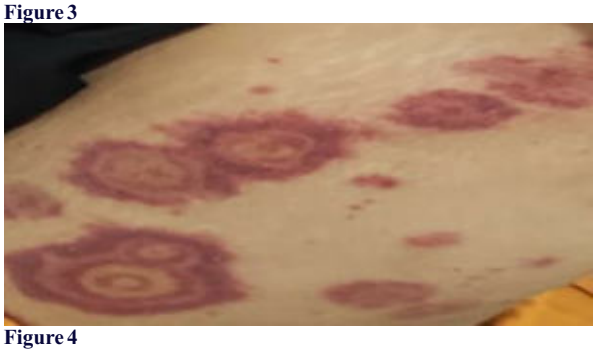

Figure 4

Investigations: LFT and RFT - within limits, CBP showed neutrophilic leucocytosis ANA profile revealed KU antigen positivity. Histopathology report: There is a perivascular and predominantly bandlike infiltrate of lymphocytes that extend to the overlying epidermis, where there is vacuolar alteration of the basal layer and spongiosis. Numerous extravasated erythrocytes and scattered

hemosiderin-laden histiocytes are present within the lichenoid infiltrate.

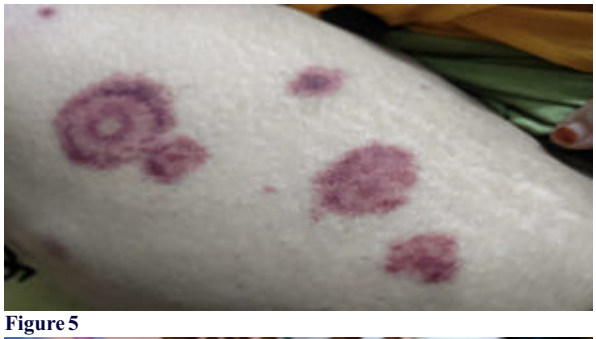

Figure 5

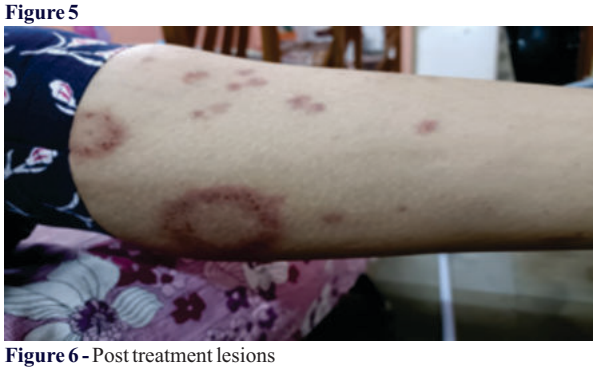

Figure 6 - Post treatment lesions

Together with the clinical and histopathological appearance diagnosis of Purpura Annularis Telangiectodes of Majocchi (PATM) was made. Patient was treated with intravenous dexamethasone, oral antihistamines, topical steroids and was advised to stop the offending drugs.

DISCUSSION

Purpura Annularis Telangiectodes of Majocchi (PATM) is an uncommon form of PPDs, also referred to in the literature more broadly as Purpura Simplex and Capillaritis, classically include 5 clinical entities: progressive pigmented purpura of Schamberg, pigmented purpuric lichenoid dermatosis of Gougerot and Blum, PATM, eczematid-like purpura of Doucas and Kapetanakis, and lichen aureus.[5] Pigmented purpuric dermatoses have been attributed to many different ingested substances. Diuretics and nonsteroidal anti-inflammatory drugs are cited as common culprits, but a wide variety of substances are implicated, including sedatives, stimulants, antibiotics, cardiovascular drugs, dietary components, and vitamins.[6] It has been proposed that the drug or substance may act as a hapten,[7] leading to antigen formation with human protein, which then stimulates antibody formation and leads to immune system mediated injury near the vascular endothelium, causing capillaritis and purpura.[6] In our case, we thought drugs might be possible cause of skin eruption. Due to possible risk of provocation of a systemic reaction we could not confirm the diagnosis by oral challenge test.

CONCLUSION

We present this case because of the rarity of PATM and it should be kept in mind that NSAIDs and Cardiovascular drugs play a role in etiopathogenesis.

REFERENCES

1. Spigariolo CB, Giacalone S, Nazzaro G. Pigmented Purpuric Dermatoses: A Complete Narrative Review. J Clin Med. 2021;10
2. Tristani-Firouzi P, Meadows KP, Vanderhooft S. Pigmented purpuric eruptions of childhood: A series of cases and review of literature. Pediatr Dermatol 2001;18:299-304.
3. Majocchi D. Sopra una dermatosis non ancora descritta, "purpura annularis telangiectode". G Ital Mal Venereol 1896;31:263-4.
4. Kim HJ, et al. Pigmented purpura over the lower extremities: purpura annularis telangiectodes of Majocchi. Arch Dermatol 1998;134:1477.
5. Sardana K, Sarkar R, Sehgal VN. Pigmented purpuric dermatoses: an overview. Int J Dermatol. 2004;43(7):482-488.
6. Pang BK, Su D, Ratnam KV. Drug-induced purpura simplex: clinical and histological characteristics. Ann Acad Med Singapore. 1993;22(6):870-872.
7. Rosenthal D, Burnham TK. Nonthrombocytopenic purpura due to carbromal ingestion.Arch Dermatol. 1964;89:200-204.