

A CASE REPORT ON NODULAR VASCULITIS

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ABSTRACT

Nodular vasculitis is also called as Erythema induratum, which is a form of lobular panniculitis. Sore erythematous to nodules and/or plaques are seen, usually on the calves. These lesions can also be seen on the feet, thighs, buttocks, and arms. Women aged 30-60 are most commonly affected (80%-90% of patients) than males; the patient is female in the below discussed case. She is presented to the dermatology ward with the complaints of nodules on the skin of left leg associated with pain and discolouration which are similar to nodular vasculitis. Treatment of this condition should be adequate so that there will be less chances for recurrence.

KEYWORDS: Erythema induratum, panniculitis, nodules, skin discolouration.**INTRODUCTION**

Erythema induratum is the other name for nodular vasculitis which is a form of lobular panniculitis. Sore erythematous to nodules and/or plaques are seen, usually on the calves. These lesions can also be seen on the feet, thighs, buttocks, and arms. Ulceration and drainage may occur. Lesions tend to heal upon scarring and are likely prone to reappearance. Women aged 30-60 are most commonly affected (80%-90% of patients) than males. There are many etiologies which mainly include *Mycobacterium tuberculosis* infection. It can be idiopathic or can be induced by other infectious agents or drugs. This condition is caused due to either immune complex-mediated vasculitis or a type IV cell-mediated response to an antigenic stimulus.^[1] Lesions range in size from small bumps to large plaques. They may be more easily seen and there is involvement of one or both legs. Other features include aching legs, skin discolouration, cool skin, varicose veins. The evolution of nodules are slow and there can be acute inflammation or ulceration in some cases. These nodules normally persist for several weeks and then heal. Most of the nodules heal with scarring and may leave depression which takes many months to fill. The eruption of nodules may continue at regular intervals over months to years.^[2] The diagnosis of this condition include skin biopsy of the nodules which reveals panniculitis with varying degrees of inflammation of blood vessels and lymphatics in the dermis and subcutaneous tissue. The treatment of this condition include antibiotics, anti inflammatory drugs, fibrinolytic therapy, short term systemic corticosteroids,

potassium iodide. This article explains a case of a patient who was presented with the signs and symptoms which are similar to nodular vasculitis.

CASE STUDY

A 30 years old Female patient was admitted to the dermatology Female department of SVRRGGH, Tirupati with the complaints of skin lesions & pain over left leg since 3months. Cutaneous examination revealed that she had a hyper pigmentation over left leg with tender indicated swelling. Her laboratory data include Random blood sugar- 100mg/dl, Serum creatinine- 0.8mg/dl, Serum bilirubin: Total - 0.8mgdl, Direct - 0.1mgdl, Indirect - 0.7mg/dl, Hb- 9.5g%, CRP - Negative, Serum positive for Aso titre - 400Iu/ml. According to her complaints and physical examination the diagnosis is made as "NODULAR VASCULITIS". First three days of admission she was treated with T. paracetamol od 500mg, T. rantac od 150mg, T. B-complex od, CAP. A&D od, T. Augmentin 625mg tid, T. Pantop 40mg od, INJ. pipertz 4.5g bd, T. Diclofenac od. On tenth day of admission she had high blood pressure for that she was prescribed with T. Amlodipine 5mg od. She was improved with symptoms but did not resolve completely and then she was discharged with symptomatic medication.

DISCUSSION

Erythema induratum or nodular vasculitis is a chronic nodular skin disease that is thought to be caused due to

hypersensitivity response to *Mycobacterium tuberculosis* or its antigens. It is usually presented during early adolescence and peri-menopause as subcutaneous poorly defined erythematous plaques and tender violaceous nodules. The disease preferably affects the posterior and anterolateral aspects of the lower legs of women; it can also occur in other locations as well as in men and children. Basically, lesions are tender but nonpruritic and may be precipitated by cold weather. Patients are otherwise healthy without systemic symptoms and often present with a rash as the only symptom of the disease. Patients may or may not have a history of tuberculosis infection or exposure. It can be classified as tuberculid or chronic nodular skin eruption that presents a cutaneous hypersensitivity reaction to *M.tuberculosis* or its antigens.^[3] The development and presentation of lesions may vary based on the underlying immune status of the host.^[4]

In the present case, the patient had a complaints of nodules on the left lower limb and pain since 3 months. She also had hyperpigmentation at the affected area. She is diagnosed as nodular vasculitis based on the cutaneous physical examination and has been treated symptomatically. The patient had developed high blood pressure on the 7th day for that she was prescribed with tablet amodipine. The patient had improved symptoms but not resolved fully. Therefore, inadequately treated disease may result in relapse of lesions or persistent ulcerations and/or complications secondary to nodular vasculitis. The prognosis of erythema induratum is good with appropriate treatment.^[3]

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