

# CUTANEOUS (SKIN) VASCULITIS (SV)



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## What is skin vasculitis (SV)?

SV is a type of vasculitis that affects the small blood vessels in the layers of the skin. The term “vasculitis” refers to blood vessel wall inflammation which can lead to occlusion, damage and destruction of the surrounding skin.

SV can be **primary**, meaning it exists as an isolated disease confined to the skin; or it can be **secondary**, where it is caused by a systemic disease with involvement of other organs.

## What are the symptoms?

SV typically presents as a distinct skin rash called **petechiae** affecting the ankles and lower legs. It appears as discrete small red spots that look like bleeding spots under the skin. When the spots are larger, they are called **purpura**. The rash can often be accompanied by pain and mild local skin swelling.

When the rash heals, it often leaves behind residual dark pigmentation on the affected skin that can last for weeks to months.

In severe cases, the rash can lead to skin destruction and ulceration with chronic scarring.

## What conditions can SV be associated with or caused by?

- **Infections** – anything from a common viral cold to hepatitis to severe bacterial infections
- **Systemic autoimmune diseases**, such as lupus, cryoglobulinemia, Sjogren’s, and other types of vasculitis
- **Drug reactions**, especially from antibiotics, anti-epileptics, anti-thyroid meds, anti-inflammatories, and anti-hypertensives
- Toxic reactions to **cocaine**
- **Malignancies** – especially blood cancers such as leukemia and lymphoproliferative diseases

## What conditions mimic SV?

Many other conditions can cause a spotty red rash or bleeding spots under the skin but do not necessarily cause vasculitis. These include:

- Disorders that cause low platelets (thrombocytopenia)
- Pigmented purpuric dermatoses
- Antiphospholipid syndrome
- Cholesterol emboli
- Bloodstream infections (sepsis)
- Bruising due to blood thinners
- Calciphylaxis

## How is SV diagnosed?

Most physicians are able to identify the rash based on its characteristic appearance, however taking a thorough history and performing a **skin biopsy** and **blood tests** can be useful in ruling out secondary diseases and other mimicking disorders. SV is primarily diagnosed and managed by **dermatologists** and **rheumatologists**.

## How is SV treated?

In most cases, SV will resolve on its own. Removal of the offending trigger – for example by stopping the causative drug, treating or recovering from the underlying infection, is key. Treatment may be needed if the rash does not resolve or if the symptoms are very severe. It is also important to monitor and be sure that no other organ will become affected, as SV can be the initial feature of a more severe systemic disease or vasculitis.

Common medications to treat isolated SV include prednisone, colchicine, dapsone, hydroxychloroquine, and azathioprine. If SV is caused by a systemic autoimmune disease, stronger immunosuppressive drugs may be needed to treat all the affected organs simultaneously.