# \*\*no patient handout

## Rheumatoid vasculitis - Skin

#### **Synopsis**

Rheumatoid vasculitis refers to a spectrum of vasculitides, ranging from mild to severe, in patients with rheumatoid arthritis. In mild forms, the vasculitis is primarily limited to the skin. In severe forms, there is a systemic arteritis with possible involvement of the heart, lungs, central nervous system, distal gangrene, gastrointestinal bleeding, and cutaneous ulcers. A more intermediate form mimics Henoch-Schönlein purpura.

#### Codes

ICD10CM:

M05.20 – Rheumatoid vasculitis with rheumatoid arthritis of unspecified site

SNOMEDCT:

400054000 – Rheumatoid vasculitis

#### **Look For**

Acral petechiae, minute digital ulcerations, livedo reticularis (net-like erythema of extremities), and nail-fold telangiectasias in milder cases. In severe cases, look for palpable purpura, acral ulcers (sometimes similar to the large and deep ulcers of pyoderma gangrenosum), nail-fold infarcts, and rarely distal gangrene.

### **Diagnostic Pearls**

Patients almost always have other features of rheumatoid arthritis, in particular, rheumatoid nodules, which are most commonly seen on extensor surfaces, such as near the elbow.

#### **Differential Diagnosis & Pitfalls**

- Thromboangiitis obliterans
- Systemic lupus erythematosus
- Polyarteritis nodosa
- Leukocytoclastic vasculitis
- Henoch-Schönlein purpura
- Cryoglobulinemia
- Cryofibrinogenemia

#### **Best Tests**

In a patient with known rheumatoid arthritis, diagnosis is made by the clinical picture in combination with appropriate biopsy to rule out alternative etiologies for purpura and ulcers.

### **Management Pearls**

Therapy is dependent on the severity of disease.

### **Therapy**

Corticosteroids and immunosuppressives are the mainstay of therapy. Therapy must be guided by the clinical severity and associated complications. Dapsone, antimalarials, and nonsteroidal anti-inflammatory drugs are used in less severe cases. Consultation with a rheumatologist is advisable.