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Leukocytoclastic Vasculitis As A Striking Cutaneous Manifestation Of Systemic Lupus Erythematosus In A Young Female: A Rare Case

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CASE PRESENTATION

A 25-year-old female with a confirmed diagnosis of systemic lupus erythematosus (SLE) presented with sudden onset of painful, reddish rashes on both lower limbs. She complained of burning sensation and swelling around the ankles and shins, without any recent history of infection or drug intake. On clinical examination, multiple palpable purpuric lesions were observed symmetrically distributed over the lower extremities, particularly around the knees, shins, and dorsal feet. Laboratory investigations showed elevated inflammatory markers (CRP and ESR), mild anemia and a positive ANA profile consistent with SLE. Renal function was normal. A skin biopsy confirmed the diagnosis of leukocytoclastic vasculitis, revealing neutrophilic infiltration around the blood vessels, along with nuclear debris and fibrinoid degeneration of the vessel walls. The patient was managed with systemic corticosteroids (prednisolone), hydroxychloroquine, and supportive care. Over the course of several weeks, the lesions gradually regressed, with residual post-inflammatory hyperpigmentation. Leukocytoclastic vasculitis is a small-vessel vasculitis often triggered by infections, medications, or autoimmune disorders such as SLE. It typically presents as non-blanching palpable purpura and may be self-limiting or chronic, depending on the underlying etiology. In SLE, vasculitis represents disease activity and requires prompt immunosuppressive therapy. Early diagnosis and treatment are crucial to prevent systemic involvement and scarring.

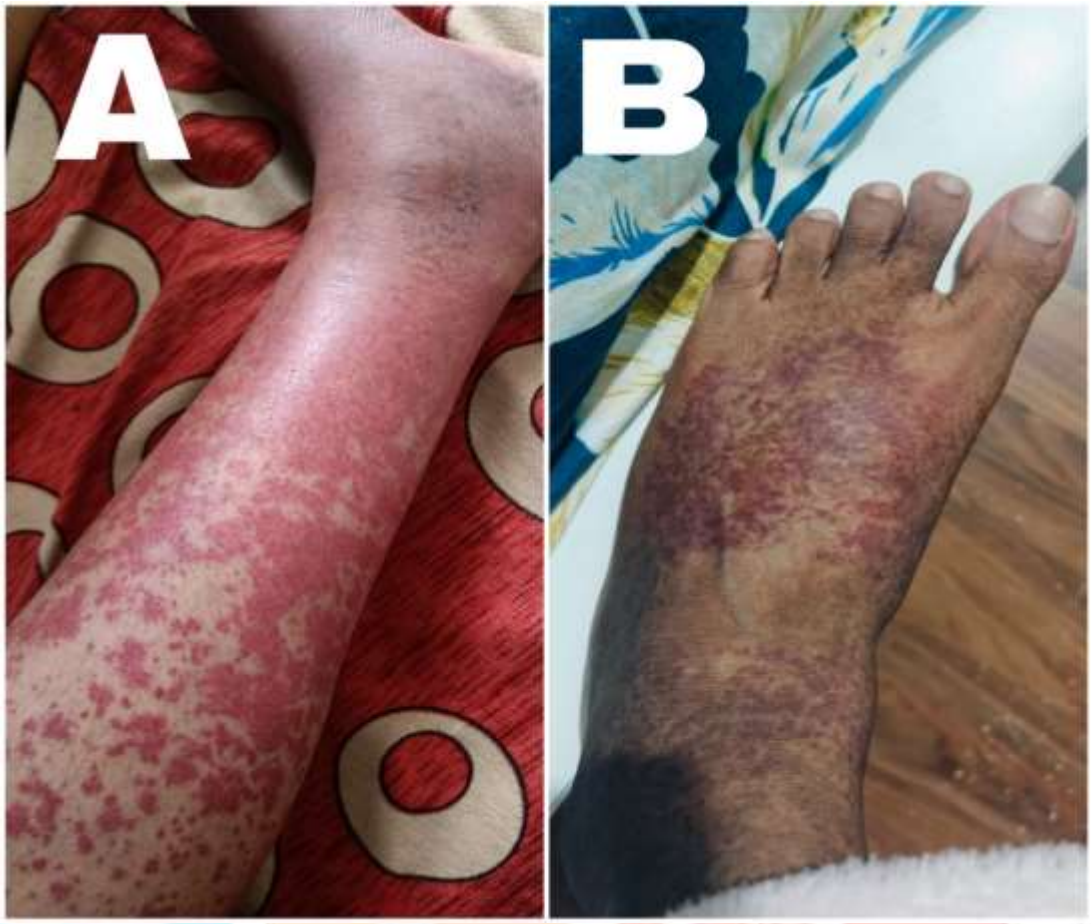

FIGURE A & B: Cutaneous vasculitic lesions over the lower leg and dorsum of foot.

CONSENT: The patient, who is also the author, provided informed consent for the publication of clinical images and personal medical information in this journal.

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