AB020. A case report on cutaneous necrotizing vasculitis treated with colchicine in a Filipino adult male

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Abstract: Cutaneous necrotizing vasculitis is a condition characterized by vessel wall necrosis secondary to neutrophil infiltration classically presenting as palpable purpura on the lower extremities. Several etiologic agents have been identified but, literature showed that majority of cases have an unidentifiable cause. First-line pharmacologic management consists of systemic glucocorticoids with colchicine being used merely as second-line therapy. We report a case of a 59-year-old male with cutaneous necrotizing vasculitis treated with colchicine as monotherapy. This is the case of a 59-year-old male with a ten-day history of multiple discrete to confluent well-defined vesicles and bullae, some eroded with hemorrhagic exudates on the bilateral lower extremities, with accompanying round palpable purpura seen on the abdomen extending to the bilateral upper extremities. Skin biopsy was consistent with leukocytoclastic vasculitis. The patient completed 3-month treatment with colchicine 500 mcg twice daily with adjunct therapy of prednisone 20 mg once a day for 2 weeks tapered down by 5 mg. By 4th week of treatment, 50% improvement over the lesions were observed. By 3rd month of treatment, complete clearance was noted. This case highlights the effectiveness of colchicine as monotherapy for cases of cutaneous necrotizing vasculitis due to its action in suppressing granulocytic inflammatory reaction. Moreover, relative safety of colchicine is more favorable compared to the possible long-term side effects of systemic glucocorticoids. Especially for patients at risk for developing adverse effects to glucocorticoids, colchicine is a feasible yet often overlooked alternative treatment option compared to the conventional treatment with systemic glucocorticoids.

Keywords: Cutaneous necrotizing vasculitis; leukocytoclastic vasculitis; small vessel cutaneous vasculitis; colchicine