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Rheumatoid vasculitis: same hand, heterogeneous clinical presentation

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Case report

A 63-year-old non-smoker woman with a 15 years history of rheumatoid arthritis characterized by erosive poliarthrtitis, rheumatoid factor elevated titers, and positive testing for anti-CCP antibodies. The treatment included methotrexate, prednisolone and hydroxicloroquine. Despite of treatment, developed isquemic ulcer at left hand dorsum and nailfod infarction and digital ischemia of the left fingers [1].

Rheumatoid vasculitis is an inflammatory process that primarily affects small to medium-sized vessels. It's highly heterogeneous clinically, with wide-spread organ involvement. The incidence has declined in the past several decades, but cutaneous remains the most common presentation. It tipically occurs in patients with long-standing erosive deforming Rheumatoid Arthritis, and its manifestation is heterogeneous, dependeing the size of the blood vessel. The skin can present purpura, nailfold infarcts, digital gangrene and cutaneous ulcers [2].

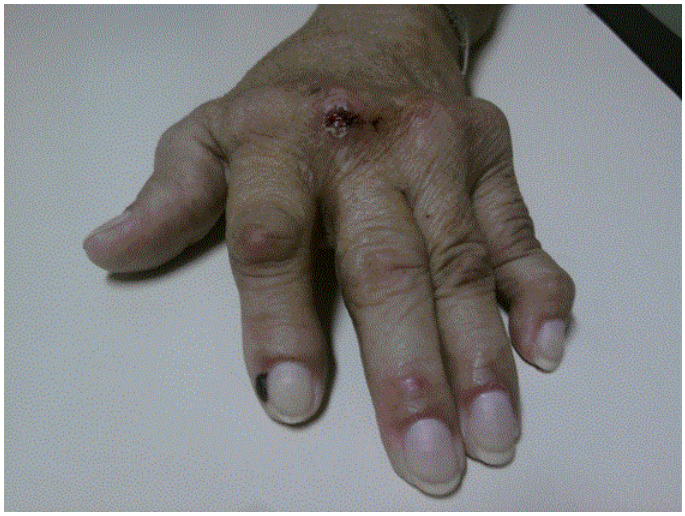

Figure 1. A typical rheumatoid hand, with ulnar deviation, atrophy of interosseous muscles, metacarpophalangeal subluxation, and deformities (swan's neck and boutonnière).

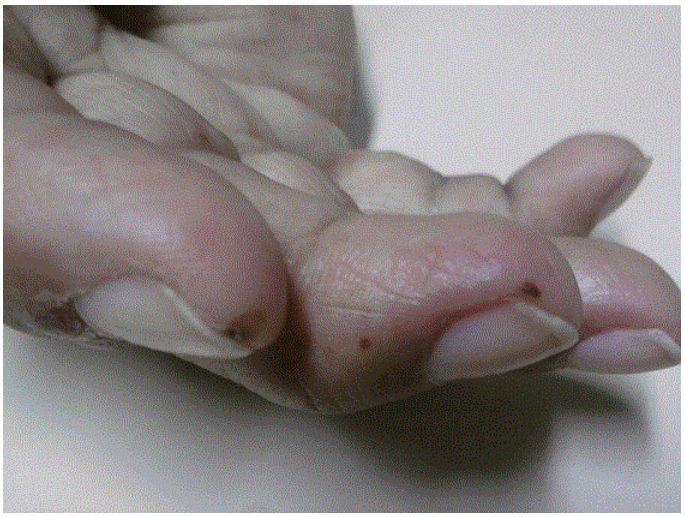

Figure 2. There are two forms of rheumatoid vasculitis, represented by ulceration in the third metacarpophalangeal joint and periungual infarction in the figure, as well as the discrete points of ischemia in the digital pulps.

The photographs demonstrates a typical rheumatoid hand, with ulnar deviation, atrophy of interosseous muscles, metacarpophalangeal subluxation, and deformities (swan's neck and boutonnière). there are two forms of rheumatoid vasculitis, represented by ulceration in the area of the third metacarpophalangeal joint and periungual infarction in the second one, as well as the discrete points of ischemia in the digital pulps. This image reflects the heterogeneity of the clinical presentations of this single entity (Figures 1 and 2) [3].

References

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