Persistent itch and rash

Dr M Ali Malik

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Hx

- 78 yrs old ex med sec
- Just after Christmas presented with 2 months h/o itch
- Only on forearms, no triggers
- No visible rash
- Non responsive to OTC antihistamines

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Past hx

- HTN

- TIA

- Diverticular disease

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Other Hx

- On ramipril for yrs, no changes, no new brands
- No new meds
- No OTC meds or vitamins
- Never smoked
- Drinks occasionally
- No personal or FH of allergy
- No change in supermarket
- No recent travel
- Nobody else in family had rash

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Management

- Skin- no rash
- Usual treatment like emollients, piriton as was affecting her sleep, trigger diary
- But GP reg noticed slightly raised eosinophils, up and down, mostly normal

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- Took adv and guidance form dermatology
- Wanted her to be seen as routine in dermatology clinic

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- Presented a month down the line with right sided sub cm tender neck lumps of 2 days duration
- No recent cold
- No other lumps
- No weight loss
- No sweats
- Appetite good

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- Ref for USS neck
- Report showed benign thyroid lump and mildly enlarged LN right jugular vein

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- Ref on 2/52 to head and neck
- Saw ENT and they biopsied and gave coamox
- Saw dermatologist and recommended vit D as all the other bloods normal, changed antihistamine to hydroxyzine
- Went to A&E with worsening itch and rash

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- All meds stopped, gave a tapering course of pred
- Next day again went to A&E with worsening and spreading vasculitic rash
- Seen by medical, dermatology, hematology and renal teams and ACEi stopped
- Underwent bone marrow biopsy

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- Biopsied under dermatology
- Both inconclusive

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- Presented to me in resp distress with Sats 93-94% a month later, no calf swelling, no chest pains
- Put her on high flow O2
- Ref to A&E on blue light ambulance

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- Remained on O2 for 10 days
- Underwent CTPA
- No PE
- Ground glass appearance to both lungs
- ACE levels raised
- Mildly enlarged LN in hila, borderline spelenomegaly
- Remained admitted for 6 weeks

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- Resp team gave coamox
- Dermatolgy did a deeper skin biopy, gave Dapsone
- Rash faded but itchiness persisted
- Rheumatology discharged
- Renal team discharged her

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- Excisional LN biopsy suspicious of lymphoma
- BM ref to MDT in Leeds
- In the meantime had another resp failure
- I wrote a letter to Hematology and they didn't want to see her at the moment

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T cell leukemia associated vasculocytoclastic vasculitidis

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- Started on CHOP
- Fortunately has no side effects until now
- Both rash and itch vanished with first treatment session

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Table 4. Selected Conditions Mimicking Primary Systemic Vasculitis

Antiphospholipid syndrome

Atheroembolic disease

Atheromatous vascular disease

Cocaine and amphetamine abuse

Hypersensitivity reactions

Infective endocarditis

Multiple myeloma

Paraneoplastic syndromes

Secondary causes of vasculitis (rheumatoid arthritis, systemic lupus erythematosus, scleroderma, hepatitis B and C infection, lymphoma, and solid organ malignancy)

Sickle cell disease

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