INTERNAL MEDICINE

□ PICTURES IN CLINICAL MEDICINE □

Vasculitis in A Patient with Hairy Cell Leukemia

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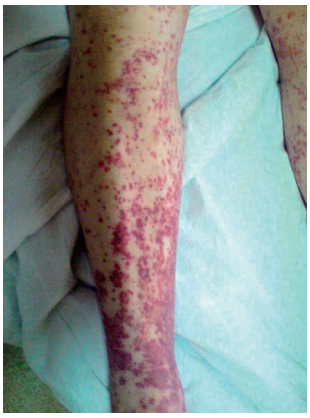

Picture

A 70 year-old man with a known anti-HCV positivity for 3 years was admitted with high fever, severe burning pain and palpable purpura on the lower extremities (Picture). For the work-up of leukopenia and splenomegaly, bone marrow biopsy was performed and hairy cell leukemia (HCL) was diagnosed. Punch biopsy of the vasculitic lesions revealed leukocytoclastic vasculitis. HCV-RNA and cryoglobulins were negative, thus these lesions were not related to mixed cryoglobulinemia due to HCV infection. Rather, these lesions were considered to be directly associated with HCL. For the treatment of both HCL and vasculitis, α-Interferon (3 million units/day -3 days/week) and methyl-prednisolone 40 mg/day were started. With this treatment, vasculitic lesions and pain were completely resolved. The association of HCL with cutaneous leukocytoclastic vasculitis (CLV) and polyarteritis nodosa (PAN) is known but these are uncommon entities. PAN generally presents after the diagnosis of HCL, however CLV frequently precedes the diagnosis of HCL as in the present case (1).

The authors state that they have no Conflict of Interest (COI).

Reference

1. Hasler P, Kistler H, Gerber H. Vasculitides in hairy cell leukemia. Semin Arthritis Rheum **25**: 134-142, 1995.

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