Livedoid vasculopathy: A report of two cases in the dermatology clinic Hospital Umum Sarawak

Teo Yan¹, Ting Ingrid Pao Ling¹, Lai Siaw Ling¹, Chia Pik Yuen², Kiing Jiu Wen¹, Tang Min Moon¹

¹Department of Dermatology, Sarawak General Hospital, Sarawak, ²Department of Pathology, Sarawak General Hospital, Sarawak

ABSTRACT

Introduction: Livedoid vasculopathy is a challenging disease in terms of diagnosis and treatment. We aim to describe two cases of LV presented to the Dermatology Clinic Hospital Umum Sarawak. Case Series: Case 1: 34-year-old, female, presented with recurrent painful ulcers spontaneously erupted over both lower shins and dorsum of the feet for the past 2 years. Physical examination shows erythematous to violaceous patches & multiple punched-out ulcers with crusts, intermingled with white atrophic stellate scars. Investigation: ENA and anti Jo-1 were positive. Histopathology examination (HPE) of the lesion showed deep dermis and subcutaneous fat capillaries thrombosis, with no direct immunofluorescence (DIF) deposition. She required multiple courses of antibiotics, systemic corticosteroids, aspirin, pentoxifylline, danazol and dabigatran with inadequate clinical responses. Case 2: A 57-year-old, female, presented with a 6-month history of recurrent multiple painful ulcers over both shins and dorsum of both feet. Physical examination: there were multiple tender erythematous satellite ulcers over the shin and ankle region with an area of white atrophic scars. Investigation shows low Protein S titre at 19% inhibition (normal range: 63-137). Other autoimmune and thrombophilia screening tests were negative. She received antibiotics, systemic corticosteroids, aspirin and pentoxifylline in addition to topical treatment with partial response. Conclusion: Livedoid vasculopathy (LV) is a rare chronic, recurrent, painful ulcerative disorder that normally involves the lower extremities. The pathogenesis of the disease is not well understood, it is believed that the primary pathology is hypercoagulability and inflammation plays a secondary role. LV is important to differentiate from other leg ulcer disorders. Treatment of LV is challenging as there are no proper guidelines due to the rare disease's lack of proper trial studies.