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 polyarthritis, rheumatoid factor elevated titeres, and positive testing for anti-CCP antibodies. The treatment included methotrexate, prednisolone and hydroxichloroquine. Despite of treatment, developed isquemic ulcer at left hand dorsum and nailfold 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 typically occurs in patients with long-standing erosive deforming Rheumatoid Arthritis, and its manifestation is heterogeneous, depending the size of the blood vessel. The skin can present purpura, nailfold infarcts, digital gangrene and cutaneous ulcers [2].

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 figure, 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].

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 area of the third metacarpophalangeal joint and periungual infarction in the figure, as well as the discrete points of ischemia in the digital pulps.

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References