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Skin Lesions - An Unusual Expression of Impending Multiorgan Failure

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Summary

An 89-year-old woman was referred to the hospital because of multiple red spots on the soles of her feet. She had been healthy until 3 months prior when she suffered a thrombotic cerebrovascular incident. Treatment with clopidogrel had been started. She was cared for in a nursing home. On admission, the patient was alert and hemodynamically stable, although she was mildly short of breath. She was noted tot have a blood pressure of 145/95 mm Hg and a pulse rate of 92 beats/min (regular). Arterial blood gas showed that her pCO2 was 35 mm Hg (normal 35-48) and her pO2 was 75 mm Hg (normal 75-100). Multiple purpura, some with a necrotic aspect, were noted on the soles of the feet (Figure 1). The lesions had extended to the lower legs. According to the patient's daughter, the latter lesions had not been present a day earlier. Additional investigations were performed. The laboratory results demonstrated kidney dysfunction (eGFR 55) but the patient previously had normal function. The stick urine analysis showed red blood cells, -casts and mild (2+) proteinuria. A chest X-ray revealed pulmonary infiltrates, as well as the suggestion of pleural effusion, which was confirmed by thoracic CT-scanning (Figure 2). A presumptive diagnosis of granulomatous polyangiitis, formerly known as M Wegener, was made. A panel of serologic tests was done, including lupus anticoagulant, anti-cardio lipids, anti-double-stranded DNA, anti-CCP, anti-centromeres, antineutrophil cytoplasmatic antibodies (ANCA), cryoglobulins and M-protein. Afterwards, the PR3 ANCA demonstrated to be positive. The rapidly progressive case was discussed with the patient, her daughter and members of the ICU team. Intensive treatment with plasmapheresis and dialysis seemed necessary. After extensive consultation, a palliative policy was decided upon. The patient died four days later due to respiratory failure and spreading skin lesions.

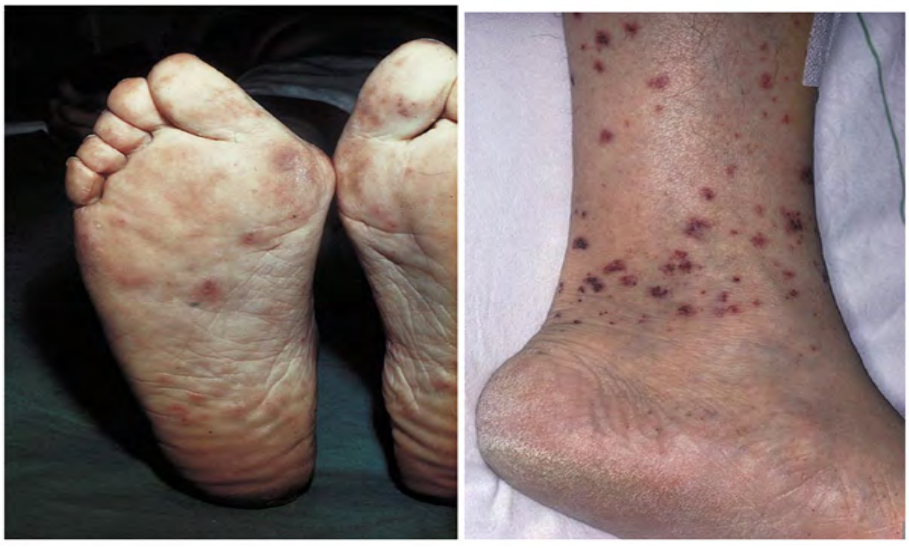

Figure 1: Multiple purpura, some with a necrotic aspect, were noted on the soles of the feet.

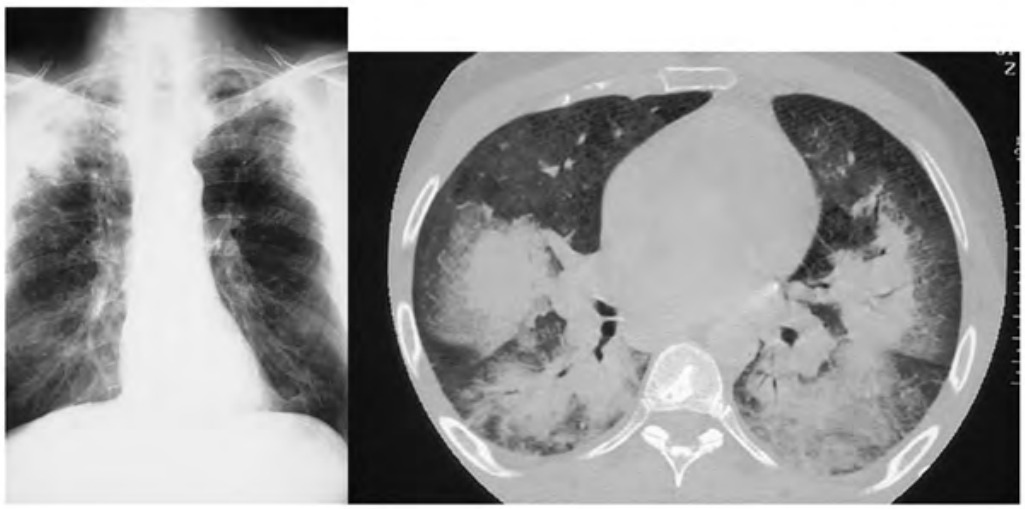

Figure 2: A chest X-ray revealed pulmonary infiltrates, as well as the suggestion of pleural effusion, which was confirmed by thoracic CT-scanning.