Leukocytoclastic Vasculitis Unveiling Asymptomatic Clear Cell Renal Carcinoma

Nathalia Millan-Borrero MD, Anam Ansari DO, Avneet Kaur Arora MD, Brandon Ahlgren MD, Ilyes Benchaala MD.

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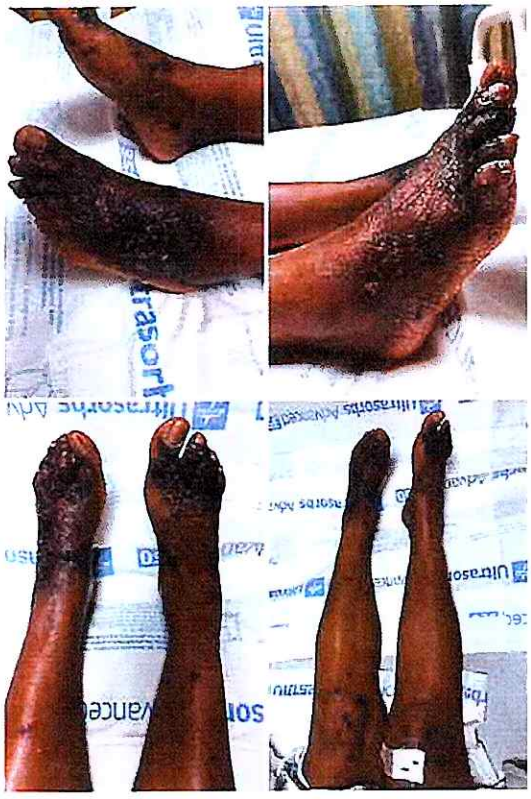
Leukocytoclastic vasculitis (LCV) is a form of small vessel vasculitis characterized by neutrophilic infiltration within and around the vessel walls, fibrinoid necrosis, and disintegration of neutrophil nuclei into fragments ("leukocytoclasia"). LCV typically presents with symmetric palpable purpuric macules and papules, predominantly affecting the lower extremities.

An 83 year-old female presented with symptoms of lower extremity purpuric lesions with associated lower extremity pain and swelling.



Skin biopsy showed leukocytoclastic vasculitis. There was no obvious explanation for LCV, thus investigations were undertaken to determine the etiology of the vasculitis. Patient denied any other associated symptoms and thus an extensive work-up was obtained. Her autoimmune serologies and infectious tests were negative. Furthermore, her complete blood count with differential and blood smear did not show any new abnormalities. As there was no

obvious explanation for the vasculitis, CT imaging was ordered to evaluate for solid malignancies, which revealed a right renal mass.

A complete history, infectious work up (Hepatitis B, hepatitis C, syphilis, HIV), autoimmune serologies, a skin biopsy with direct immunofluorescence are an essential part of the initial work up. Direct immunofluorescence would reveal immune complexes if the etiology is due to autoimmune disease such as rheumatoid arthritis or SLE [1]. Only 5% of all vasculitides are paraneoplastic and they most commonly involve the small vessels [2]. This patient had no other symptoms related to her malignancy that would have indicated to us that she has renal cancer. This patient's presentation reinforces the importance of evaluating for malignancy when we do not have an explanation for cutaneous vasculitis.

References:

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