

## Leukocytoclastic vasculitis with cutaneous and systemic (intestinal) involvement. Diagnosis by capsule endoscopy

Keywords: Leukocytoclastic vasculitis. Small bowel. Capsule endoscopy.

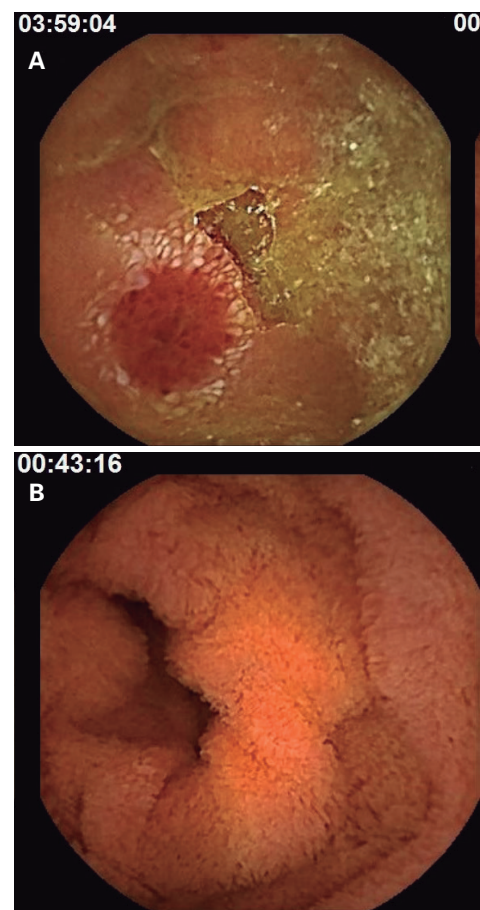
Dear Editor,

A 26-year-old male diagnosed with cutaneous leukocytoclastic vasculitis was admitted due to abdominal pain and rectal bleeding with slight clinical-analytical impact. On examination, he presented multiple palpable purpuric lesions on his legs. A bidirectional gastrointestinal endoscopy did not show any lesions, so a middle overt bleeding was suspected. Capsule endoscopy (CE) was performed which showed countless purpuric lesions distributed all over the small bowel (SB), with healthy mucosa between them. At the jejunum, the lesions were smaller but more numerous and at the ileum, the lesions were bigger but less frequent (Fig. 1A). These were considered to be associated with the patient's underlying disease and steroid treatment was started, presenting clinical improvement and complete resolution of the lesions in a subsequent CE study (Fig. 1B).

### Discussion

Leukocytoclastic is an immune-mediated, small vessel vasculitis with predominant neutrophil infiltration. The most frequent triggers are infections, drugs or association with other vasculitis, although it is common not to find an etiology. Extravasation of red blood cells results in the most frequent manifestation, purpura, which usually precedes gastrointestinal symptoms (abdominal pain, vomiting or bleeding). Treatment is usually symptomatic, reserving steroids for severe cases or those with systemic involvement.

Hematoma-like protrusions are a characteristic mucosal finding in SB of patients with vasculitis and intestinal involvement. CE is a minimally invasive technique with a



**Fig. 1.** Capsule endoscopy. A. Rounded erythematous lesion with a lymphangiectatic border and submucosal edema of ileal location. B. Photograph of the same segment in which the lesion was located and the mucosa healed after treatment with steroids.

high diagnostic yield in these cases that allows to determine the initiation of steroid treatment and evaluate its effectiveness. CE is recommended in patients with suspected vasculitis with intestinal involvement, since the most relevant findings are observed in jejunum and ileum in 70 % of cases. Furthermore, it is capable of detecting mucosal lesions that are difficult to diagnose by other modalities.

*Conflict of interest: the authors declare no conflict of interest.*

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