

Leukocytoclastic Vasculitis: Thailand's Experience

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Sir, I read the recent publication on leukocytoclastic vasculitis with great interest (1). Sahin et al. (1) concluded that "Leukocytoclastic vasculitis is a benign self limited disease which is frequently triggered by drugs" and "The most frequent clinical form is palpable pruritic papules or plaques localized in the lower extremity (1)." I hereby would like to share experience on this topic. Focusing on the Thai report (2), the triggering by drugs can be seen in only 50% of all leukocytoclastic vasculitis cases. The endemic infections such as mumps are also documented as a possible trigger factor (3).

Of interest, the pruritic papule or plaque is the chief complaint in one-third of the cases and there are many interesting abnormal

presentations such as wrist pain (2), abdominal pain (2) and neurological presentation (3). It should be noted that the difference in clinical pattern might be observed in different populations. This might be due to the nature of different studies or the possible genetic underlying relationship.

References

1. Şahin EB, Hapa A, Elçin G, et al. Leukocytoclastic Vasculitis: retrospective analysis of 60 patients. Turk J Dermatol 2011;5:85-91. [\[CrossRef\]](#)
2. Sunthornpinitdhamma P, Sivayakorn A, Sunthornthalin P, et al. Cutaneous leukocytoclastic vasculitis in Siriraj Hospital. Thai J Dermatol 1988;4:78.
3. Phanthumchinda K, Nopakoon N. Unusual neurological features in leukocytoclastic vasculitis. Chula Med J 1994;38:537-43.