

SURGICAL MANAGEMENT IN A NECROTIZING CUTANEOUS ANCA VASCULITIS TREATED WITH PROPYLTHIOURACIL : a case report.

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Introduction :

Necrotizing vasculitis is a complex phenomenon because of an inflammation of small and medium-sized vessels with polymorph infiltration within the vessel's walls, occurring in several **autoimmune** diseases. In this report, we present a rare case of a **propylthiouracil** (PTU)-induced necrotizing cutaneous vasculitis in the setting of autoimmune **thyroiditis** that was admitted in our burn unit.

Case report

A 45-year-old woman with **Graves' disease** and **antiphospholipid syndrome** developed **necrotic** lesions predominantly on the lower limbs and both arms as cutaneous vasculitis associated with antineutrophil cytoplasmic antibody (**ANCA**) to myeloperoxidase (**MPO-ANCA**) and proteinase-3 (**PR3-ANCA**) during treatment with PTU. **8% TBSA** was involved with violaceous non-blanching lesions progressing to **full thickness** necrosis (Fig 1). Local wound cares were continued until necrotic areas were completely demarcated and progressive necrosis stabilized. We performed **serial debridement** followed by negative pressure wound therapy and **split-thickness skin grafting**. The skin lesions were progressively resolved after withdrawal of PTU and treatment with oral **corticosteroids**. The patient recovered well, both systemically and locally **in 4 weeks**.



Figure 1 : Visible progression to full-thickness involvement (8% TBSA) and necrosis noted on both trochanteric regions and lower extremities.

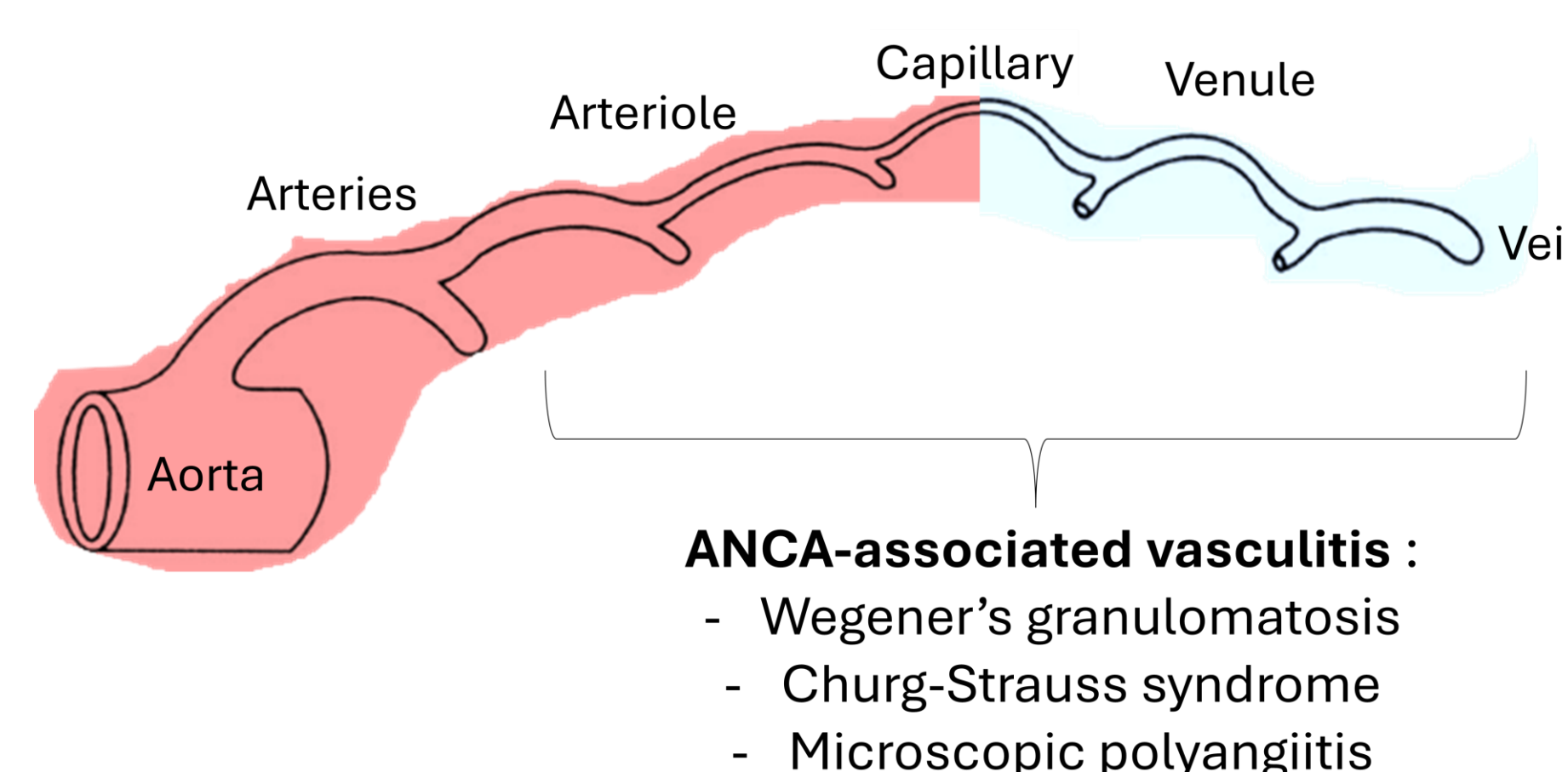


Figure 2 : The hallmark of AAV is the presence of necrotizing inflammation and fibrinoid necrosis in the walls of small and medium-sized vessels

Discussion :

PTU is a common antithyroid drug, which has been known to induce ANCA-positive vasculitis. ANCA-associated vasculitis can all display a broad variety of **cutaneous** manifestation. Perinuclear ANCA and MPO-ANCA are the most common serologic markers associated with PTU-associated necrotizing vasculitis. In Positive screening with myeloperoxidase antinuclear cytoplasmic antibodies (**MPO-ANCA**) should prompt a thorough clinical investigation to determine the presence of renal or pulmonary involvement. Early diagnosis and prompt cessation of PTU therapy are essential to improve the outcome.

A high index of suspicion for vasculitis should be maintained, especially when presented with skin manifestations in the presence of PTU therapy. In cases of severe skin manifestations, the focus should be on aggressive wound care with surgical involvement if necessary.

Conclusion :

This case demonstrates the complexity of management in extensive necrosis secondary to PTU-induced vasculitis condition. If the vasculitis wounds progress to full thickness necrosis, surgical intervention is required.

References :

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