CASE REPORT

Successful novel treatment of Schamberg's purpura with colchicine

Novo tratamento bem-sucedido da púrpura de Schamberg com colchicina

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ABSTRACT

Schamberg's disease is a rare condition that predominantly involves the lower extremities. A caucasian female patient with recurrent episodes of diffuse and painless purpuric skin eruptions in the lower extremities is presented. A skin biopsy along with the clinical appearance made the diagnosis of Schamberg's disease. She was treated with colchicine (0.5 mg twice a day) and within a week showed complete disappearance of all purpuric eruptions. Colchicine was taken for the next 6 months and then discontinued. Three months later she was well without any recurrences.

Keywords: Pigmentation disorders/drug therapy; Purpura, Schoenlein-Henoch/drug therapy; Colchicine/therapeutic use

RESUMO

A doença de Schamberg é uma condição rara que envolve predominantemente as extremidades inferiores. É apresentado um caso de paciente do sexo feminino, branca, com episódios recorrentes de lesões cutâneas purpúricas não dolorosas nas extremidades inferiores. Uma biópsia de pele, juntamente com o quadro clínico, fizeram o diagnóstico de doença de Schamberg. Foi instituído o tratamento com colchicina (0,5 mg duas vezes ao dia) e dentro de uma semana as lesões purpúricas desapareceram completamente. A colchicina foi administrada durante 6 meses e depois descontinuada. Três meses mais tarde a paciente se apresentava bem, sem qualquer recorrência.

Descritores: Transtornos da pigmentação/quimioterapia; Púrpura de Schoenlein-Henoch/quimioterapia; Colchicina/uso terapêutico

INTRODUCTION

Schamberg's disease belongs to the spectrum of the non-thrombocytopenic purpura simplex. This condition shows the histologic picture of inflammation and hemorrhage without fibrinoid necrosis of vessels. The vascular damage and erythrocyte leakage are secondary to localized T cell-mediated reactions in the vicinity of dermal capillaries. Cytokines and increased expression of endothelial adhesion molecules might promote T cell-keratinocyte adherence. The early activation of these adhesion receptors may determine the pattern of organization of the pericapillary inflammatory infiltrate[1].

CASE REPORT

A 29-year-old Caucasian female presented with recurrent episodes of diffuse and painless purpuric skin eruptions in the lower extremities for the last 5 months. No constitutional or rheumatic manifestations were present. Physical examination revealed several small purpuric pigmented lesions present on both legs and feet. No other findings were noted. A skin punch biopsy showed the characteristic lymphocytic perivasculitis and erythrocyte leakage of Schamberg's disease. Laboratory data including complete blood count, differential, reticulocyte and platelet counts, routine biochemistry, serum ferritin, iron and total iron binding capacity, serum protein electrophoresis, C reactive protein, anti-streptolysin O, rheumatoid factor, cryoglobulins, cryofibrinogen, complete coagulogram, spine films, and venous doppler of the lower limbs, were all negative or within normal limits. Previously she did not improve on several bursts of oral prednisone (40 to 60 mg/day) and pentoxifylline (1.2 g/day). She was then given a sole trial of oral colchicine (0.5 mg twice a day), and an excellent clinical response was obtained, within one

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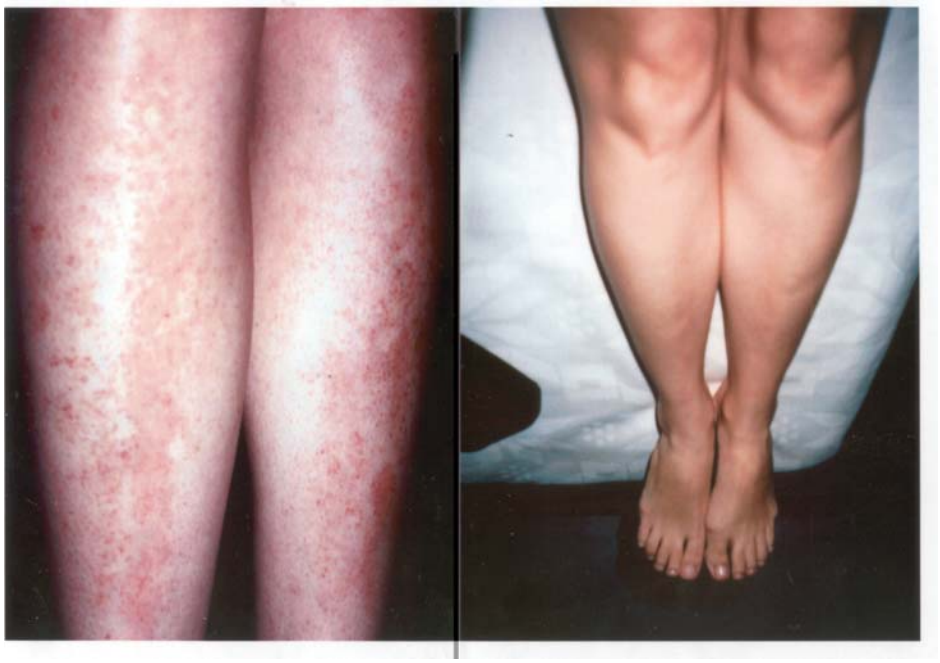

Figure 1. Disappearance of Schamberg's purpura of lower extremities after 6 months of oral colchicine.

week, with progressive and complete disappearance of all purpuric eruptions. Colchicine was taken for the next 6 months and then discontinued. The patient is now off colchicine for 3 months without any recurrences of Schamberg's purpura (figura 1).

DISCUSSION

The etiology of this rare lymphocytic pigmented purpuric capillaritis remains unknown. So far there is no effective treatment for Schamberg's purpura. There is general agreement on trying anti-inflammatory modulators in the treatment of immunologically mediated skin disorders[2,3]. We previously reported that colchicine might be beneficial in the control of Schamberg's purpura[4]. The patient discontinued colchicine four years ago and purpura has not recurred. Therefore, we decided to try it again in another patient with similar features.

CONCLUSIONS

Schamberg's disease is still considered idiopathic and has no established therapy. For the second time, we report the successful treatment of this affection with oral colchicine given for 6 months. Apparently it also prevents future relapses.

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