ABSTRACT

Introduction: Livedoid vasculopathy is a chronic relapsing- remitting disorder characterized by painful leg ulcers, livedoid skin rash and atrophie blanche. It may be idiopathic or secondary to thrombophilic states, fibrinolytic disorders, autoimmune diseases and malignancy. The primary pathophysiological mechanism is vascular occlusion from thrombus formation rather than primary inflammation. Therefore, anticoagulation is the mainstay of therapy.

Case: A 28 year old male patient presented with a one year history of recurrent painful non healing leg ulcers with new onset asymmetrical numbness of the extremities. Examination revealed livedo reticularis with patchy sensory loss and right sided foot drop. Nerve conduction confirmed mononeuritis multiplex. Inflammatory markers, autoantibodies and infection screen were negative. A diagnosis of livedoid vasculopathy was made with biopsy confirmation. Despite anticoagulation and rituximab, he continued to have ulceration and intermittent claudication with evidence of distal arterial narrowing on Doppler imaging.

Conclusion: A high degree of suspicion is needed in young patients with recurrent painful leg ulceration for livedoid vasculopathy, which can be confirmed by skin biopsy. Peripheral arterial disease and mononeuritis multiplex are known associations. Management is often difficult and should be individualized.