Abstract

Cryoglobulinemic vasculitis (CV) is an immune mediated, systemic, inflammatory type, small vessel, vasculitis due to the presence of cryoglobulins in the blood. Cryoglobulins are made up of serum immunoglobulins or complements. They precipitate with low temperatures and re-dissolve on rewarming. Acute glomerulonephritis (AGN) is an important complication of cryoglobulinemia. CV should be considered in a case of AGN with vasculitic rash. Dermatological involvement is the commonest finding of cryoglobulinemia. Palpable purpura is a striking feature. Leukocytoclastic vasculitis is characteristically found in skin biopsy. Hepatitis C infection is the main etiology of cyoglobulinemia. Haematological malignancies, connective tissue disorders and other bacterial and viral infections are other etiologies. However, essential mixed cryoglobulinemia (EMC) is a diagnosis of exclusion when there is no causative factor is identified. EMC causing renal disease is a rare occurrence.

We report a case of 58 years old male presented with symmetrical lower limb vasculitic rash, generalized oedema and constitutional symptoms. He had AGN and cutaneous leukocytoclastic vasculitis associated with EMC. He was treated successfully with systemic corticosteroids.

CV is a severe disease which causes end organ damage. A panel of extensive investigations is mandatory to differentiate it from other vasculitides. Here we would like to emphasize the value of prompt diagnosis and management of CV.