

Abstract

Rheumatoid vasculitis (RV) is a destructive inflammatory process of blood vessels occurs in patients with severe and longstanding rheumatoid arthritis (RA). It can involve any organ and associates with significant morbidity, and mortality which needs aggressive immunosuppression therapy. RV affects mostly medium and small vessels. In this case report, I present a 25-years-old mother who was diagnosed to have sero-negative rheumatoid arthritis for one year duration presented with fever for one week and worsening of arthritis with maculo-papular rash.

She was managed at private sector with methotrexate, sulphasalazine and corticosteroid short course which she was deflated recently. The physical examination revealed high fever, active polyarthritis, paresthesia on lower limbs, and vasculitis rash mainly on extremities. Over the stay in the hospital she went on to develop toe gangrene, necrotic ulcer on bilateral malleoli, and bilateral foot drop. The laboratory investigation revealed anaemia, high ESR, positive ANA. The rheumatoid factor, P-ANCA, C-ANCA, ds-DNA, hepatitis B, Hepatitis C, retro viral studies, VDRL, cryoglobulins, and anti-cardiolipin antibody was negative.

On admission, the working diagnosis of RV developed based on the presence of fever, skin rash, necrotic lesion of his toe, mononeuritis multiplex with bi lateral foot drop with background history of RA, and excluded all other possible causes. Expert opinion sought from Dermatologist and Rheumatologist for the management. Significant regression was observed with intravenous methylprednisolone treatment. Rehabilitation programme arranged for her neurological deficit. This is rare case describing the early onset of rheumatoid vasculitis in a patient with sero-negative rheumatoid arthritis.

Keywords: Rheumatoid arthritis, skin rash, foot drop, vasculitis, methylprednisolone