

Abstract

Multiple non healing ulcers in a young patient can be due to many causes. One of the rare cause is, mixed cryoglobulinemic vasculitis. It can be associated Hepatitis C & auto immune disorders. Cryoglobulinemia difficult to diagnose due to overlapping symptoms with other autoimmune disorders.

This is a case report of a 43 year old patient with sero positive Rheumatoid arthritis with multiple recurrent leg ulcers. Ulcers were mainly distributed along the right shin region with well demarcated margins. She has bilateral ankle swelling & numbness over the lower limbs in a glove and stocking distribution. She denies any history of high risk sexual behaviours. Cryoglobulines were present in the blood; skin biopsy showed features of vasculitis, renal biopsy suggestive of mesangiocapillary glomerulonephritis with associated low C4 levels with normal C3 levels. Hepatitis B & C serology was negative. A diagnosis of mixed Cryoglobulinemia was made from clinical findings & the presence of Cryoglobulines in the blood.

She was initially treated with high dose corticosteroids Intravenous Cyclophosphamide 500mg every two weekly for 6 doses. Proteinuria improves with treatment though the ulcers did not heal with the treatment. Thereafter with the introduction of intravenous Rituximab 1g, with three doses, there was a significant clinical & biochemical response.

Cryoglobulinemic vasculitis, although not common, can present as recurrent multiple non healing ulcers. Early identification will result in both symptomatic & biochemical response. Aggressive immunosuppression with intravenous Rituximab is helpful to achieve successful outcome in patients with cutaneous ulcers.