Dermatology Practical & Conceptual

Thoracic Purpura in a Patient with Myelodysplastic Syndrome

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Case Presentation

A 73-year-old woman with pulmonary hypertension and high-risk myelodysplastic syndrome (MDS) developed asymptomatic erythematous-violaceous macules on her thorax (Figure 1A). Macules evolved for 2 weeks, while she was being treated with prednisolone for an auto-immune hemolytic anemia. The differential diagnosis included drug or infectious-induced vasculitis, and MDS-related autoimmune phenomena. Complete blood count revealed low hemoglobin (11.1 g/dL, normal >12.0), low white cells ($2.5*10^9$/L, normal>$4*10^9$/L), and low platelets ($64*10^9$/L, normal>$150*10^9$/L). The coagulation study and auto-immune markers were normal. Skin biopsy showed mild perivascular dermatitis (Figure 1B) and negative direct immunofluorescence, consistent with vasculitis-induced purpura confined to the thorax. Due to MDS progression, the patient started azacytidine 1 month after the onset of dermatosis. After 2 cycles, she developed a sudden episode of hemoptysis and died, with skin lesions overlapping the initial case presentation.

Teaching Point

MDS is frequently associated with autoimmune disorders, which may worsen survival rates [1,2]. In this case, the combination of MDS and pulmonary hypertension resulted in an impressive clinical presentation with sudden unfortunate outcome.

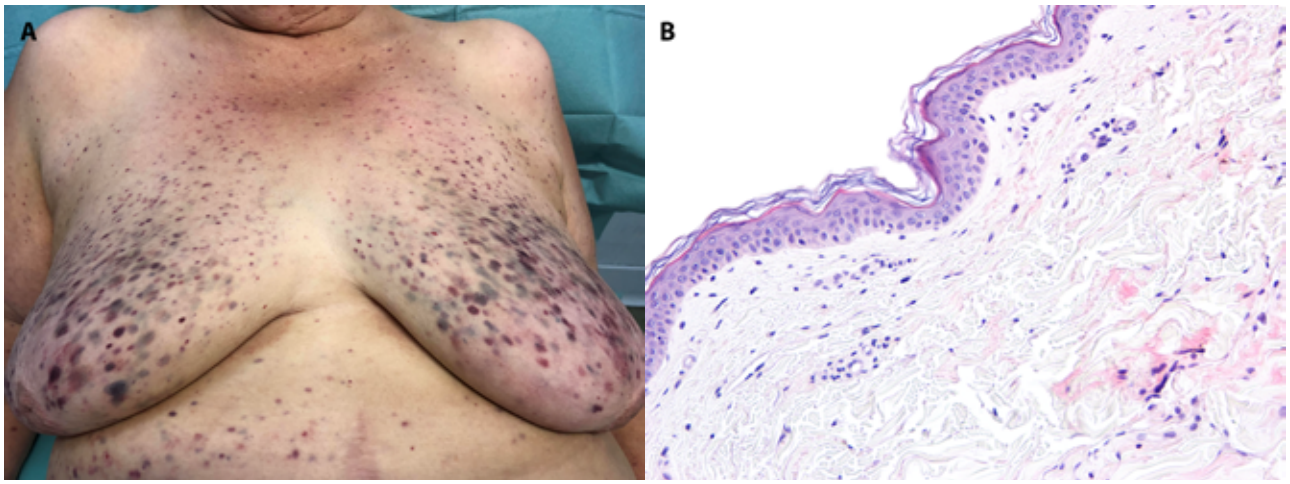

Figure 1. (A)Clinical presentation with several erythematoviolaceous macules on the thorax. (B) Skin biopsy showing a mild superficial perivascular dermatitis with rare lymphocytes and a thin epidermis (H&E, x200).

References

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