



# Images in medicine

## Leucocytoclastic vasculitis due to Oxicam

Hafsa Bounniyt<sup>1,&</sup>, Badredine Hassam<sup>1</sup>

<sup>1</sup>University Hospital of Ibn Sina, Department of Dermatology Venerology, Faculty of Medicine and Pharmacy, University Mohammed V Souissi, Rabat, Morocco

<sup>&</sup>Corresponding author: Hafsa Bounniyt, University Hospital of Ibn Sina, Department of Dermatology Venerology, Faculty of Medicine and Pharmacy, University Mohammed V Souissi, Rabat, Morocco

Key words: Leukocytoclastic vasculitis, ulcerated nodular lesion, purpuric lesion, oxicam

Received: 23/10/2016 - Accepted: 31/10/2016 - Published: 06/06/2017

**Pan African Medical Journal. 2017; 27:89 doi:10.11604/pamj.2017.27.89.11020**

This article is available online at: <http://www.panafrican-med-journal.com/content/article/27/89/full/>

© Hafsa Bounniyt et al. The Pan African Medical Journal - ISSN 1937-8688. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### Image in medicine

Vasculitis is an inflammatory disease of blood vessels characterized by the alteration or destruction of the vessel wall. A 55 year's old woman, followed for diabetes and hypertension, presented to our consultation complaining of generalized pruritic lesions, without fever arthritis or any other systemic manifestations. The patient reported the concept of taking Oxicam; Brexin® for pain of the right wrist and denies any food, drug or environment allergies. The physical examination showed violaceous petechial purpuric patches, coalescing by area, ulcerated nodular lesions extended to both lower limbs, with presence of necrosis in center of lesions (**Figure 1A**). Histological examination found a perivascular inflammatory cell, and necrosis of the vessels wall. The diagnostic of Leukocytoclastic vasculitis was made. A treatment with colchicine was introduced, with good improvement after two months (**Figure 1B**). Dermatological side effects of Brexin, are fortunately very rare but they should be constantly kept in mind; and the clinician should

be aware of uncommon but not rare possibility that a cutaneous eruption could evolve into a significantly more serious reaction.



**Figure 1:** (A) ulcerated nodular lesions with necrotic center; and purpuric maculopapular lesions of both lower limbs; (B) evolution after two months of treatment, with persistence of hyper pigmented scars

