Purpura annularis telangiectodes of Majocchi

Púrpura anular telangiectoide de Majocchi

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Dear Editor

The very interesting case study recently published in this journal by Díaz Morejón, *et al.*[1] about the purpura annularis telangiectodes (PAT) affecting a child, should merit additional comments aiming to emphasize some of the cornerstones. The patient was a 6-year-old white male with atopy managed by antihistamines and hyperpigmented and petechial purpura predominantly in the lower limbs and buttocks. The routine laboratory tests were unremarkable, with a normal coagulogram, although disaggregated platelets and macro platelets were found in the peripheral blood smear.[1] Skin biopsy showed capillaritis of superficial dermal vessels (endothelial proliferation, edema, and interstitial and perivascular infiltrate of Langerhans cells, macrophages, and histiocytes), extravasation of erythrocytes, and hemosiderin deposits in macrophages.[1] The treatment with ascorbic acid and topical corticosteroid cream had good results; the authors stressed the adequate follow-up over time and a chronic benign course of PAT.[1] Al Salmi, *et al.*[2] described a 25-year-old female who had the diagnosis of PAT after receiving a booster dose of the Pfizer-BioNTech COVID-19 mRNA vaccine; although investigation is lacking to clear if this represents a causal or a coincidental association. She had four-months of multiple annular to arcuate erythematous rashes, sited on the dorsum of the feet, distal legs, thighs, and forearms, which resolved spontaneously.[2] The histopathological examination showed prominent red cell extravasations in the papillary dermis, in addition to a mild perivascular chronic inflammatory infiltrate in the superficial dermis, besides the evidence of focal interface changes indicative of PAM.[2] The authors emphasized the important role played by continuing research to better understand the underlying mechanisms of the recent reactions to antivirus vaccines.[2] Ambrogio, *et al*,[3] reported a 46-year-old man who presented with many erythematous annular patches with purpuric peripheral areas and central clearing on both legs after the third dose of the Pfizer-BioNTech COVID-19 vaccine one month before. Dermoscopic evaluation revealed capillaritis, besides reddish-brown dot-clods caused by the leaky capillaries; furthermore, the findings of biopsy study confirmed the diagnosis of PAT; he utilized topical propionate clobetasol during two weeks, with resolution of the lesions.[3] The authors commented that similar cases have been published, with the same temporal correlation and rapid resolution, although the exact pathogenesis remains unknown.[3] Burghaus, *et al* [4] described a 39-year-old woman with progressive skin lesions on the legs for two months, without antecedent of infection, fever, tick bite, or medication; but now started using doxycycline for two weeks due to the positive Lyme disease Ig M. This treatment did not improve the non-raised, annular erythema with central clearing, and dermatoscopy showed non-pressable petechiae, including differential diagnosis with the multiple erythemata migrantia, Borreliosis, unusual vasculitis, and PAT.[4] Biopsy findings revealed subepithelial erythrocyte extravasations, lymphocytic perivascular infiltrate and absence of fibrinoid vascular necrosis or leukocytoclasia.[4] Chaisrimaneepan, *et al*[5] reported a 65-year-old hypertensive diabetic woman who had vitiligo, and noticed pruritic red rashes on lower limbs, without new medication. The biopsy revealed perivascular lymphocytic infiltration, red blood cell extravasation, and no leukocytoclastic changes; she was treated with vitamin C and Daflon for PAT.[5] One month later, the rashes had improved with minimal hyperpigmentation; the authors stressed topical steroids, calcineurin, ascorbic acid, flavonoids, rutoside, pentoxifylline, colchicine, and Daflon (a micronized purified flavonoid fraction) to control the cases.[5]

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In conclusion, one must emphasize information about PAT for medical students and primary healthcare workers, to favor the early diagnosis and adequate management.

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