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## LETTERS TO THE EDITOR

# Cutaneous Vasculitis☆

## Vasculitis cutáneas

*To the Editor:*

Having read with great interest the excellent review article by Pulido-Pérez et al.[1] on the complex topic of vasculitic syndromes published recently in *Actas Dermo-Sifiliográficas*, we would like to add the following comments:

1 The authors cite an article by us in support of the assertion that ''any vasculitis of the skin may be accompanied by fever, fatigue, or joint pain'' and we feel that this reference is not appropriate.[2] Our study analyzed prognostic factors in 160 patients with histologically documented cutaneous leukocytoclastic vasculitis. Using multivariate analysis we found paresthesia, fever, and the absence of painful lesions to be risk factors for systemic involvement. Cryoglobulins, arthralgia, and normal temperature were the risk factors identified for chronic cutaneous disease.

   In our experience, most patients with mixed cryoglobulinemia in Spain also have hepatitis C virus infection. In this group of patients, unless the viral infection is cured, vasculitic skin lesions run a very chronic course and recurrent episodes of palpable purpura may occur over many years, leading to marked hemosiderin deposition in the skin of the lower limbs.

2 With respect to the treatment of cutaneous vasculitis, the authors report that good results have been obtained with oral colchicine, citing an open, uncontrolled study in 13 patients.[3] However, the usefulness of colchicine in the treatment of cutaneous vasculitis has not been demonstrated. To date, the only prospective randomized controlled trial to evaluate the efficacy of colchicine in this setting studied 41 patients with leukocytoclastic vasculitis and failed to demonstrate a significant therapeutic effect attributable to the use of this drug.[4]

## References

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