Response to Comment on the Article «Cutaneous Vasculitis»☆

Réplica a: «Vasculitis cutáneas»

To the Editor:

We appreciate the comments received after the publication of our article on cutaneous vasculitis in the April issue of *Actas Dermo-Sifiliográficas*[1] and would like to add the following clarifications.

1 With respect to the presence of fever as a sign associated with vasculitic syndromes, we referenced an interesting study by Sais et al.[2] published in *Archives of Dermatology* which analyzed prognostic factors in patients with a histopathologic diagnosis of cutaneous leukocytoclastic vasculitis. The authors reported the presence of fever in 31.6% of the 160 patients studied and systemic involvement (other than articular) in 20%. Multivariate analysis of their data identified fever as 1 of the risk factors for systemic vasculitis. Undoubtedly, as these findings show, fever would appear to be more often associated with extracutaneous involvement. However, our article only mentions the possibility of finding this prognostic indicator in systemic vasculitis and in syndromes affecting only the cutaneous vasculature. We make no reference to the risk associated with fever as a predictor of vasculitis with extracutaneous involvement or the relationship of this sign with the etiology of such syndromes.

2 In our discussion of the treatment options for uncomplicated cutaneous vasculitis, colchicine is mentioned as 1 of the possible therapeutic alternatives when rest, nonsteroidal anti-inflammatory drugs, and antihistamines have proved ineffective. To date, the only prospective randomized controlled trial to assess the efficacy of colchicine in controlling cutaneous leukocytoclastic vasculitis enrolled 41 patients: 20 who were treated with colchicine, 20 controls, and 1 who withdrew owing to gastrointestinal intolerance.[3] The largest open study included 13 patients.[4] The controlled trial did not demonstrate a therapeutic effect in terms of a reduction in the number of lesions in the patients who had received colchicine, but the authors did suggest that the drug may have had a beneficial effect in a subgroup of patients who had a complete response and relapsed on cessation of colchicine therapy. The author of the open study reported complete response to treatment in 9 of the 13 patients and partial response in 3 more. He also referred to the fact that colchicine was effective in controlling the symptoms of recurrence after cessation of treatment.

Despite the limitations affecting the conclusions drawn from these studies, colchicine continues to be considered a valid alternative treatment for the control of selected cases of cutaneous vasculitis[5] and is therefore described as a second- or third-line treatment in our review.

References

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