

1. Introduction and Who Guideline applies to

This guideline is intended for clinical staff working in acute medical specialities and emergency medicine when the Dermatology on call service is closed (overnight and after 5pm at weekends and Bank Holidays)

2. Guideline Standards and Procedures

Cutaneous vasculitis typically presents as a non blanching palpable purpura to the lower legs. This may extend to the thighs, lower abdomen and distal arms in some cases.

Cutaneous vasculitis is often caused by an intercurrent infection or a recently initiated drug. Most cases are self limiting and settle once the infection resolves or the culprit drug is stopped. It is very important however to rule out a systemic vasculitis and look for involvement of organs other than the skin.

Other causes of purpura include meningococcal septicaemia, thrombocytopenia and infective endocarditis. If these conditions are suspected, treat as per Trust Guidelines.

History: recent infection, new medications (including over the counter medication) associated autoimmune symptoms (joint swelling, mouth ulcers, fatigue) systemic features (abdominal pain, breathlessness, confusion, nosebleeds)

Examination: Full general examination. Document distribution of rash . Take photos if possible. Urine dipstick.

Investigations: FBC, GFR, LFT, CRP, Blood cultures, Throat swab, ASOT, ANA, ANCA, immunoglobulins, Blood borne viruses.

Management: If the patient is well and there is no evidence of systemic involvement then the patient can be managed as an outpatient. If systemic involvement is suspected seek advice from the relevant specialist team.

Elevating legs and prescribing NSAID analgesia (if no contraindications) may help cutaneous symptoms. A greasy emollient such as Hydromol in conjunction with a potent topical steroid cream (Betnovate Ointment) should be prescribed.

Please send a referral to the oncall Dermatology team via ICE and we will respond the next day.

3. Education and Training

This topic is covered in the Dermatology GIM Teaching session

4. **Monitoring Compliance**

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
n/a – for guidance only				

5. **Supporting References**

<https://www.pcids.org.uk/clinical-guidance/vasculitis-and-capillaritis>

https://www.bad.org.uk/patient-information-leaflets/cutaneous-vasculitis/?showmore=1&returnlink=https://www.bad.org.uk/patient-information-leaflets#.YkNo_S2ZOu4

6. **Key Words**

Dermatology

Vasculitis

Purpura

Purpuric Rash

CONTACT AND REVIEW DETAILS	
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Details of Changes made during review:	