doi: http://dx.doi.org/10.4172/2155-9554.S1.01

OMICS Group Conferences
Accelerating Scientific Discovery

International Conference & Exhibition on
Clinical Research
Dermatology, Ophthalmology & Cardiology

5-6 July 2011 San Francisco, USA

Correlation of livedo racemosa, cutaneous inflammatory plaques and antiphospholipid antibodies in patients with cutaneous polyarteritis nodosa

Tamihiro Kawakami

St. Marianna University, Japan

We examined the prevalence of various cutaneous symptoms including livedo racemosa and inflammatory plaques, and antiphospholipid antibodies in patients with cutaneous polyarteritis nodosa (CPN) to determine whether any of them correlate with the clinical and/or serological features. We retrospectively investigated the clinical and serological features, the direct immune fluorescence findings, and the treatment methods used in 50 patients with CPN seen at our Department between 2003 and 2009. Subcutaneous nodules were observed in all 50 of our CPN patients, 44 (88.0%) had livedo racemosa, 30 (60.0%) had skin ulcers, and 14 (28.0%) had inflammatory plaques. Levels of serum IgM and anti phosphatidylserine- prothrombin complex (anti-PS/PT) antibodies were significantly higher in patients with livedo racemosa than in patients without livedo racemosa.

Serum IgG anti-PS/PT antibodies levels differed significantly between patients with inflammatory plaques and those without inflammatory plaques. Similar trends were seen with respect to IgG anti-cardiolipin (aCL) antibody levels. In contrast, levels of IgM anti-PS/PT antibodies were significantly lower in patients with inflammatory plaques compared to patients without them. Inflammatory plaques were significantly more prevalent in patients with skin ulcers. Warfarin and prednisolone were selected as the primary therapy at a significantly higher rate in CPN patients with inflammatory plaques and skin ulcers than in patients without them. We suggest that a variety of antiphospholipid Abs could influence the cutaneous patterns of CPN. In particular, IgG anti-PS/PT Abs and/or IgG aCL antibodies could indicate the presence of inflammatory plaques as a specific cutaneous manifestation of CPN.

Biography

Tamihiro kawakami completed his M.D. at the age of 26 years from Chiba University. He completed his Ph. D. from Toho University School of Medicine, Tokyo, Japan on 1998. He worked as a visiting research fellow in Medical University of South Carolina on 1996 to 1997. He became an Associate Professor on 2006. He is a section editor of Journal of Dermatology and a member of guideline of vasculitis section and skin ulcer section in the Japanese Dermatological Association. He has published more than 80 papers and his total Impact Factor is 300.