J Clin Cell Immunol 2017, 8:5 (Suppl)
DOI: 10.4172/2155-9899-C1-040

Normocomplementemic urticarial vasculitis in a pediatric patient with chronic sinusitis: A case report

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An eight-year-old female presented with generalized multiple, non-pruritic, erythematous, well-defined irregular-bordered lesions and wheals which blanched upon pressure on trunk and extremities. The patient had seven months history of recurrent sinusitis being treated with antibiotics. The lesions were noted one day after discontinuation of seven days of coamoxiclav. The lesions transformed into erythematous to a slightly violaceous, slightly pruritic non-blanching type, associated with pain, warmth and edema on joints of the hands, palms and soles. Skin biopsy initially showed findings consistent with urticaria but clinically, the patient was managed as a case of small vessel vasculitis. The patient was maintained on oral steroids. Complement levels were normal and lupus panel was negative. There was a diagnostic dilemma between chronic urticaria and small vessel vasculitis. Re-evaluation of the skin biopsy specimen was done which confirmed urticarial vasculitis, hence Colchicine was added to the treatment regimen. There was still persistence of the lesions hence she was referred to a specialty center for allergic conditions in the USA for further evaluation and management. The case was finally diagnosed as normocomplementemic urticarial vasculitis probably due to chronic infection versus drug-induced (coamoxiclav versus clindamycin). Hydroxychloroquine was added to control the symptoms and oral steroids were weaned until finally discontinued. The lesions resolved and the disease was treated accordingly with favorable outcome.

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