A mimic of systemic vasculitis.

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Introduction

Vasculitis is a disease characterized by inflammation of blood vessels. It can present with a wide variety of clinical signs and symptoms depending on the organ systems involved, including fever, weight loss, arthralgias, and purpura. Pseudovasculitis is a collective term for disorders that may present with clinical and laboratory features of systemic vasculitis. Histological analysis is often required to differentiate between the two. These mimics are important to consider as part of the differential diagnosis for any patient with suspected vasculitis; failure to do so may lead to delayed diagnosis and treatment, and possible exposure to harmful treatments.

Case Presentation

A 34 year-old male with no significant past medical history presented to medical attention with a four week history of progressive inability to weight bear following minor twisting injury to the right knee. Over the same time period, he developed lower limb ecchymoses, edema and bilateral purpuric rash, as well as low-grade fevers. After assessment by a community internist, the patient was transferred to a tertiary care centre for rheumatologic work-up for possible systemic vasculitis or adult HSP. Initial bloodwork showed a normochromic, normocytic anemia requiring two transfusions. There was no evidence of hemolysis. CRP was elevated at 74. Imaging, including CT of the abdomen and pelvis, and ultrasound and MRI of the lower limbs identified no source of bleeding. Punch biopsies of his purpuric lesions were sent for pathologic analysis. Rheumatologic workup was negative (ANA/ENA negative, p and c ANCA negative, complement normal).

Further dietary history revealed long-standing food aversion and restrictive eating habits. The patient discontinued multivitamin therapy 6 months prior to presentation. The patient's vitamin C level was tested. His vitamin C level was undetectable (< 5 umol/L). Symptoms began to improve within 48 hours of initiation of vitamin C replacement therapy.

Discussion

This case illustrates that vitamin C deficiency is a rare, but reversible mimic of systemic vasculitis. Its rarity in conjunction with its diverse range of clinical manifestations can lead to under-recognition and delayed treatment. It also highlights the importance of taking a complete dietary history in individuals presenting with non-specific symptoms who may be considered at risk for developing nutritional deficiencies.