

Nail fold vasculitis in rheumatoid arthritis (Bywaters lesions)



Lésions péri-unguérales révélant une vascularite rhumatoïde (lésions de Bywaters)

We report a typical and educational case of isolated nail fold vasculitis during rheumatoid arthritis (RA).

Observation

A 79 year-old Finnish woman with a 40-year history of RA and currently under methotrexate was referred for asymptomatic, small, brownish, necrotic crusts on the finger joints and the nail fold evolving for a month (*figures 1 and 2*). She also disclosed non-infiltrated petechial purpura on the palms. A punch skin biopsy of a purpuric lesion of the dorsum of a finger confirmed the diagnosis of leucocytoclastic vasculitis. Because such lesions are benign, no specific treatment was initiated and the patient was referred to her rheumatologist for the management of RA.



FIGURE 1
Multiple small asymptomatic necrotic brownish lesions of the nail folds and the finger joints



FIGURE 2
Close-up view of a nail edge lesion

Discussion

Rheumatoid vasculitis (RV) is a rare complication of RA, affecting less than 1% of the patients [1]. It occurs usually rather at a late stage of the disease, at least 10 years after onset of RA [2]. The skin is by far the most commonly involved site for RV [1,2]. The cutaneous manifestations are plentiful, including ischemic digital lesions, purpura, punched-out painful leg ulcers, gangrene, urticarial vasculitis, livedo, maculopapular or nodular erythema, etc. [1,2].

The ischemic focal digital lesions and the nail fold infarctions, as reported here, are very characteristics of RV. They are known as the Bywaters' lesions, from the British rheumatologist who first described them in 1957 [3]. They are small, brown to purpuric, painless lesions on the nail fold, nail edge, or digital pulp that are transient and often go unnoticed. A biopsy would disclose occlusive arteritis and intimal proliferation in small vessels [3]. Those lesions are quite common during RA without other manifestations of systemic vasculitis. If they are isolated, their prognosis is favorable [4]. As a matter of fact, they do not require aggressive treatment other than the management of RA itself.

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Lésion hyperkératosique de l'aréole et du mamelon



Hyperkeratotic lesion of the nipple and areola

Introduction

L'atteinte cutanée de la région de l'aréole et du mamelon est souvent maligne dominée par la maladie de Paget. Cependant, il existe des pathologies bénignes, ayant essentiellement un retentissement esthétique ; l'hyperkératose neovoïde de l'aréole et du mamelon en fait partie. C'est une entité rare, de physiopathologie non encore élucidée, difficile à traiter. Nous rapportons un cas d'une jeune patiente ayant bien répondu au calcipotriol.



FIGURE 1

Épaississement brun verruqueux de l'aréole et du mamelon