Eruption of plaques, hemorrhagic bullae and vesicles

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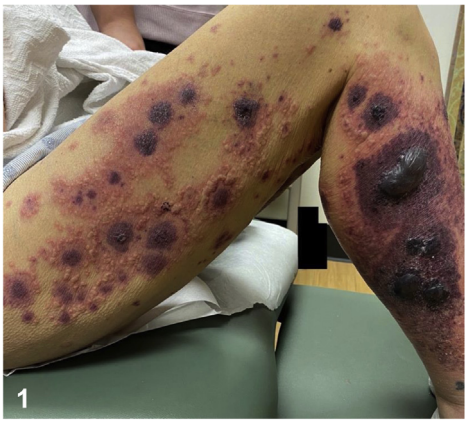

Fig 1. By Sabah Osmani, BA, Jiasen Wang, MD, Hillary Elwood, MD, and Therese A. Holguin, MD.

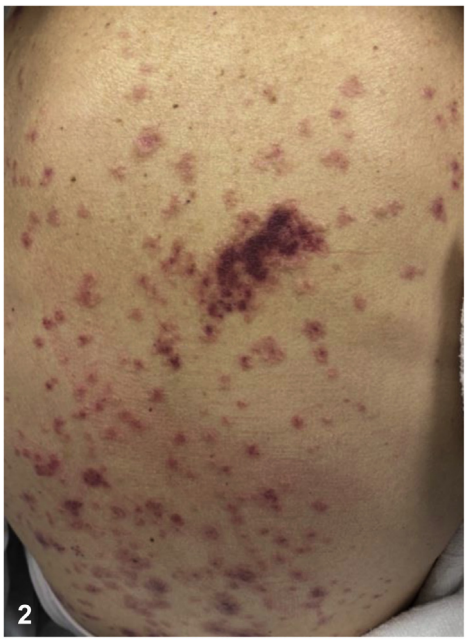

Fig 2. By Sabah Osmani, BA, Jiasen Wang, MD, Hillary Elwood, MD, and Therese A. Holguin, MD.

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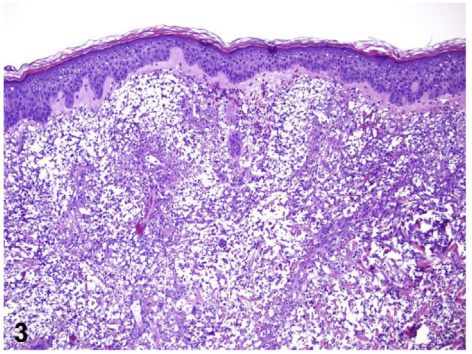

Fig 3. By Sabah Osmani, BA, Jiasen Wang, MD, Hillary Elwood, MD, and Therese A. Holguin, MD.

A 59-year-old woman with idiopathic nonischemic heart failure was being evaluated for a 3-day history of a rapidly progressive generalized bullous eruption. Her vital signs were stable, but she appeared cold with chills. Examination revealed violaceous plaques with central bullae and peripheral rims or erythema with coalescing vesicles scattered across the bilateral lower extremities and back (Figs 1 and 2). Red, edematous, urticarial plaques were also noted on the forehead and ears. All lesions were exquisitely tender to palpation. The last change in her medications was the addition of hydralazine several months prior, and recent laboratory findings were negative for hepatitis, HIV, and illicit drug use. Punch biopsy specimens were obtained from the right thigh for H&E (Fig 3) and direct immunofluorescence (DIF), which showed focal perivascular deposition of IgM, C3 and fibrin.

Question # 1: What is the most likely diagnosis?

A. Warfarin-induced skin necrosis
B. Meningococcemia
C. Drug-induced vasculitis
D. Levamisole-induced vasculitis
E. Type I cryoglobulinemia

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Conflicts of interest

The authors have no conflicts of interest to declare.