BURNING BEFORE THE BLISTERS: LIVEDOID VASCULOPATHY PRESENTING WITH SEVERE NEUROPATHIC PAIN IN A MALE PATIENT

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INTRODUCTION

Livedoid vasculopathy (LV) is a rare, chronic thrombotic disorder of the dermal microvasculature characterized by recurrent painful lower extremity ulcerations healing with ivory-white atrophic scars (atrophie blanche)

Incidence: ~1 per 100,000, female predominance 3:1

Pathophysiology: vasculopathy driven by fibrin thrombus formation without ressed well information

Diagnosis: clinical correlation, skin biopsy, autoimmune serologies, thrombophilia fealing

Challenges: Clinical overlap with venous disease and inflammatory vasculitates leading to delayed diagnosis

This case presents biopsy gronen LV in a male patient with severe neuropathic pain preceding ulceration, causing diagnostic delay and initial misclassification as vasculitis.

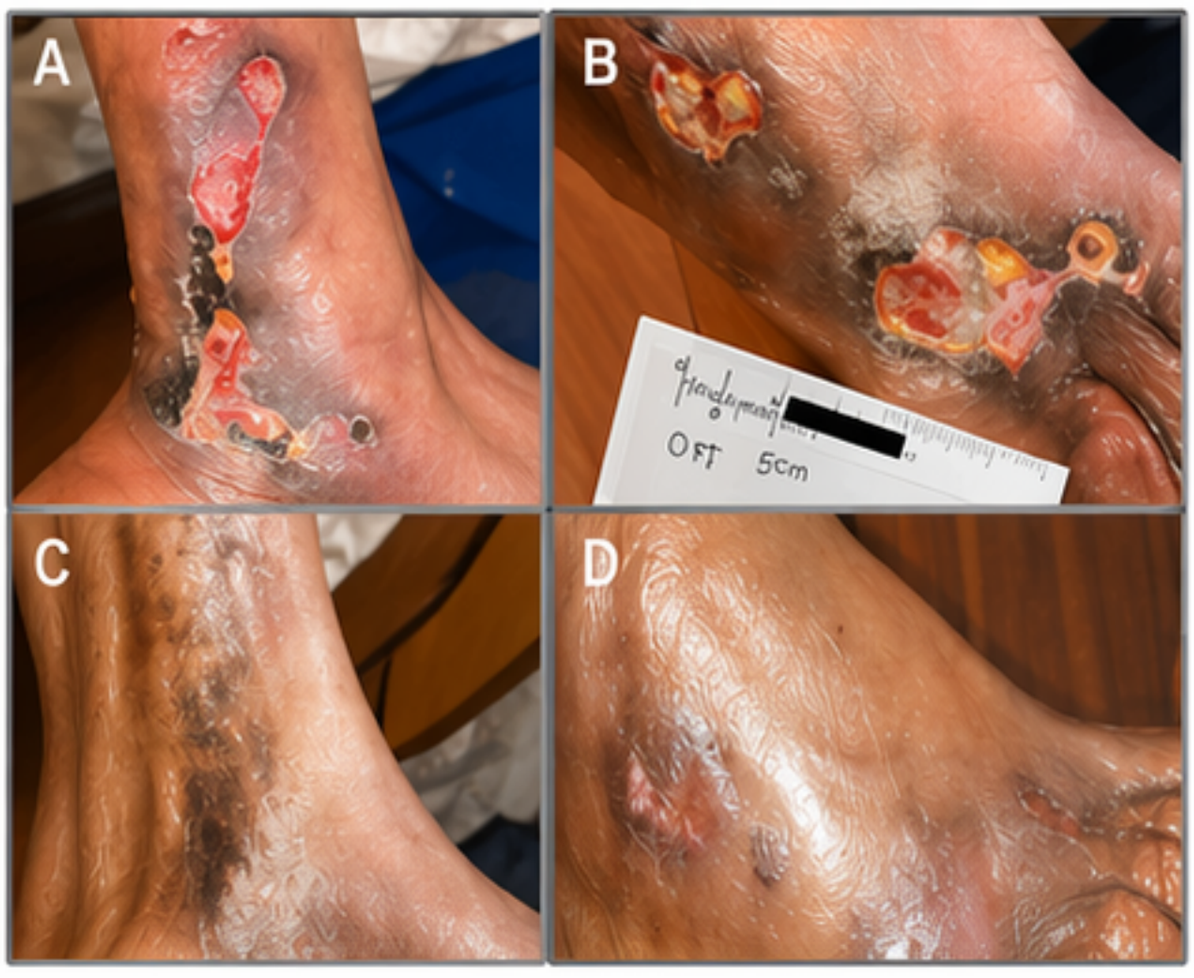

Figure. Clinical evolution of livedoid vasculopathy lesions in the index patient. (A–B) Early and proprolative vasculizers over the medial ankle demonstrating ingeular, painris ulcers with foninous exudate and merounaiing hypertinevigaration. (C-T) Healing soraais with characteristic ivory-white atrophic scars (atrophie blanche) and residual dyssigmentation.

CASE PRESENTATION

A 60-year-old man with venous insufficiency, hypertension, neuropathy, and diffuse large B-call lymphoma in remission presented with recurrent painful lower extremity skin lesions for 8 years.

Symptoms: intense burning and stabbing neuropathic pain localized to the fest, preceding visible painful pinpoint necrotic foci, progressing to ulcerations, healing with amooth, ivory-white atrophie blanche plaques. Pain was disproconfonate to exam

Prior vascular evaluation showed venous incompetence, no DVT

Local wound care and compression therapy exacerbated burning pain and caused multiple simultaneous ulcerations

Initially suspected cutaneous polyarteritis nedasa (PAN) and treated with steroids

Punch biopsy: Fical fibrin thrombi within superficial dermal blood missels, no inflammation or necrosis, consistent with LV

Extensive autoimmune and vasculitic evaluation negative

Cortocoscostis discontinued, aspirin 325 mg daily initiated

DISCUSSION

- Severe neuropathic pain preceding ulceration as an under-recognized dairy manifestation of LV
- Pain out of proportion and worsening with compression therapy are red flags
- Diagnostic delay due to overlap with venous stasis disease and inflammatory vasculitides is common
- LV can occur in men and may be overlooked
- Early biopsy and multidisciplinary collaboration are critical to avoid unnecessary immunosuppression and to initiate antithrombotic therapy
- Standardized reporting and longitudinal studies are needed