Propylthiouracil-induced Cryoglobulinemic Vasculitis

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Key words: propylthiouracil, cryoglobulinemia, vasculitis

(Intern Med 52: 2011-2012, 2013)

(DOI: 10.2169/internalmedicine.52.0739)

Picture 1.

Picture 2.

Picture 3.

A 56-year-old woman was admitted with purpuric lesions on the cheeks, lower legs and auricles (Picture 1-3). She had been treated for Graves' disease with propylthiouracil (PTU) for two years. The C-reactive protein level (45 mg/L) and erythrocyte sedimentation rate (102 mm/h) were high. He-

maturia and non-nephrotic proteinuria (300 mg/day) were found. Anti-HCV and Anti-HBsAg were negative. The C3 level was normal (83 mg/dL); however, the C4 level was low (7.15 mg/dL). Antineutrophil cytoplasmic antibodies (p-ANCA) and myeloperoxidase-ANCA antibodies (MPO-ANCA) (>176 U/mL) were positive. Cryoglobulin and cryofibrinogen tests were also positive. Under a diagnosis of PTU-induced cryoglobulinemic vasculitis, a skin biopsy was performed, which revealed leukocytoclastic vasculitis. The PTU was withdrawn and methimazole was started. The patient's skin lesions disappeared. The MPO-ANCA titer significantly decreased to 81 U/mL, and cryoglobulins became negative.

PTU-induced ANCA-positive vasculitis has been well documented. However, PTU-induced cryoglobulinemia is extremely rare, having been reported in the literature only twice previously (1, 2). Since cryoglobulinemic vasculitis may present with life-threatening organ involvement, this disease should be kept in mind when encountering patients with PTU-induced vasculitis.

The authors state that they have no Conflict of Interest (COI).

References

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