Lesões Extensas de Urticaria Vasculítica num Doente Pós-COVID: Um Caso de Imagem

Extensive Urticarial Vasculitis Lesions in a Post-COVID Patient: A Clinical Image Report

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Palavras-chave: COVID-19/complicações; SARS-CoV-2; Urticária; Vasculite Leucocitoclástica Cutânea.

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Coronavirus disease 2019 (COVID-19) is known to primarily cause respiratory symptoms. Early in pandemic, also specific cutaneous manifestations were associated to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.[1] The most commons lesions are morbilliform rash, urticaria, vesicular eruptions, acral lesions and livedo reticularis.[2,3] We report a case of a 62-year-old woman who developed extensive urticarial vasculitis lesions after a pauci-symptomatic SARS-CoV-2 infection.

The patient developed sinusitis and a slight fatigue two weeks before observation. She tested positive for SARS-CoV-2. Two days later, the symptoms resolved. In the morning before admission, she had developed a burning erythematous rash on trunk, arms and hands (Fig. 1 - A). In the next day, more lesions appeared in legs and feet. On examination, in

Figure 1A and 1B: **A** - Multiple and diffuse erythematous plaques on the back. **B** - Urticarial classical indurated wheels with a well-demarcated erythematous border and central pallor.

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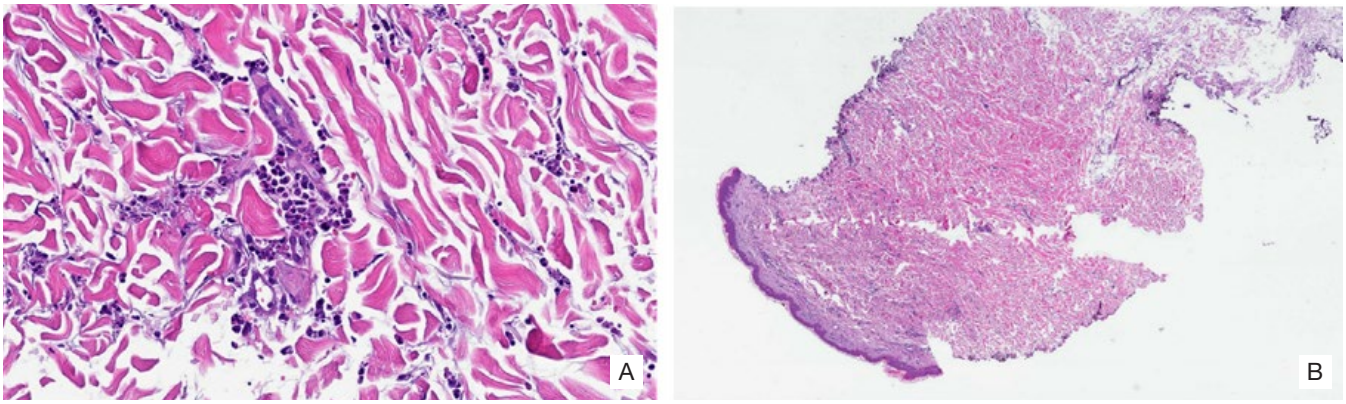

Figure 2A and 2B: **A** - Inflammatory infiltrate with neutrophils and eosinophils Histology. **B** - Perivascular neutrophilic inflammation in the superficial dermis.

emergency department, the lesions were urticarial classical indurated wheels with a well-demarcated erythematous border, central pallor and associated pruritus (Fig. 1 - B). There had been no changes in her medication regimen (pantoprazole and betahistine) and no recent contact with chemicals, topical products, or animals. There was no other identifiable trigger other than COVID-19. There was no history of previously dermatologic disorder. She was fully vaccinated against COVID-19 and last dose was taken two months ago.

A skin biopsy was performed, and the patient was discharged with corticosteroid and anti-histaminic. There was a gradual improvement with complete resolution after 7 days of treatment. Later, histologic results confirmed the diagnosis of urticarial vasculitis. There was not found any association with other infection, neoplasia, or autoimmune disease.

Urticarial vasculitis is a rare clinicopathological entity characterized by painful and lasting lesions. This condition was previously described in association with SARS-CoV-2 infection.[4] Biopsy should be obtained for an accurate diagnosis and treatment. It is important to reassure patients about benignity of lesions, although they can remain for weeks and leave behind a residual ecchymotic hyperpigmentation.[5,6] Skin lesions in vaccinated patients' needs to be further studied, since previous reports were based in a pre-vaccine world.[3] ■

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JLM - Conceção, escrita, interpretação de dados e aprovação final
PM, EN - Conceção, revisão crítica e aprovação final
Todos os autores aprovaram a versão final

Contributorship Statement

JLM- Design, writing, data interpretation and final approval
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