Article type : Letter to the Editor

Title: Panniculitis as the first clinical manifestation of MPO-positive ANCA-associated vasculitis

Article type: Reply

Deleersnijder, D., MD¹; Betraings, A., MD^{1,2}; De Haes, P., MD PhD³; Peperstraete, L., MD⁴; Buelens, J., MD⁵; Blockmans, D, MD PhD^{1,2}.

1. Department of General Internal Medicine, University Hospitals Leuven, Belgium.
2. Department of Microbiology, Immunology, and Transplantation, Laboratory of Clinical Infectious and Inflammatory Disorders, KU Leuven, Leuven, Belgium.
3. Department of Dermatology, University Hospitals Leuven, Belgium.
4. Department of Pathology, University Hospitals Leuven, Belgium.
5. General Practitioner, Gingelom, Belgium.

Reprints and correspondence:

Daniel Blockmans, MD PhD
Department of General Internal Medicine
University Hospitals Leuven
Herestraat 49, 3000 Leuven, Belgium
Tel.: +32 16 34 42 79
E-mail: daniel.blockmans@uzleuven.be

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To the editor:

With great interest, we have read the recent report by Micheletti *et al.* on the cutaneous manifestations of antineutrophil cytoplasmic antibody (ANCA)–associated vasculitis (AAV).¹ As stated, a skin biopsy was performed in only 22–44% of patients but was frequently found to be an effective test for the diagnosis of AAV. While histological examination of a skin biopsy may indeed reveal vasculitis, it may also be misleading. We recently encountered two cases of microscopic polyangiitis (MPA) presenting with panniculitis, inflammation of the subcutaneous fat.

Both patients, a 21-year-old woman and a 25-year-old woman, had an unremarkable medical history and presented with fever, arthralgia and a persisting erythematous patch on the gluteal area (**Fig. 1a-1b**). Laboratory tests showed p-ANCA titers of 1:2560 and 1:1280 with myeloperoxidase-antibodies (ELISA) of 5,6 and 134.0 IU/mL (normal <3,5 IU/mL), respectively. Both had a normal serum creatinine, and one patient had massive hematuria. Subsequently, they developed alveolar hemorrhaging, confirmed on chest CT by the presence of bilateral areas of consolidation with surrounding ground glass pattern (**Fig. 1c**). Skin biopsy revealed septal and lobular panniculitis in both patients (**Fig. 1d**). They were both initiated on methylprednisolone and rituximab, and one patient received plasmapheresis.

While Micheletti *et al.* reported skin manifestations as a presenting feature in 35% of patients with AAV, panniculitis was not mentioned.¹ Panniculitis is associated with systemic lupus, sarcoidosis, lymphoma, histiocytosis, and infectious diseases, but not typically with AAV. In literature, we found eight cases reporting on the association of AAV and panniculitis between 1994-2020.^{2–9} We believe that panniculitis should be included in the cutaneous manifestations of AAV.

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Figure legend:

Figure 1: (a-b) Erythematous patch on the gluteal area of both patients at presentation. **(c)** Chest CT of the first patient showed bilateral areas of consolidation with surrounding ground glass pattern, consistent with alveolar hemorrhaging. **(d)** Anatomopathological examination of the skin biopsy of the first patient showed mixed, but predominantly septal, panniculitis. (H&E, x50)

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