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ETIOLOGY AND TREATMENT OF ALLERGIC VASCULITIS

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Annotation: Allergic vasculitis is an aseptic inflammation of the vascular wall caused by an allergic reaction to exposure to various infectious and toxic factors. The pronounced polymorphism of rashes and variants of the course of allergic vasculitis has led to the fact that many of its forms are isolated as separate diseases, among which there is a global division into superficial and deep allergic vasculitis. Diagnosis of allergic vasculitis requires a comprehensive approach, taking into account the medical history, clinical features, laboratory and instrumental data, and histology results. Allergic vasculitis is treated with antihistamines, desensitizing and vascular agents, calcium supplements, antibiotics, glucocorticoids.

Key words: Allergic vasculitis, polymorphism, calcium supplements, antibiotics.

Allergic vasculitis - immune vasculitis of small vessels, skin angiitis. Unlike systemic vasculitis, allergic vasculitis occurs with a predominant lesion of blood vessels located in the skin and subcutaneous tissue, often without involving the vessels of internal organs in the process. There are no exact data on the incidence of allergic vasculitis. It can develop in people of any gender and at any age. The dependence of the frequency of allergic vasculitis cases on the age or gender of patients is observed in certain clinical forms of the disease. For example, hemorrhagic vasculitis is more common in children under 14 years of age, and Schamberg's dermatosis occurs mainly in men.

Allergic vasculitis refers to diseases with a multifactorial etiology. Most often, its development is caused by sensitization of the body by various infectious agents (staphylococci, streptococci, pathogenic fungi, viruses), which develops against the background of chronic infectious foci of ENT organs (tonsillitis, otitis, sinusitis), the genitourinary sphere (adnexitis, chronic pyelonephritis, cystitis), frequent acute respiratory viral infections, influenza, herpetic infections, viral hepatitis B, C, and A. Many patients with allergic vasculitis have high titers of staphylococcal anti-atoxin and anti-streptolysin-0, and increased anti-staphylococcal hemagglutinins.

The next group of factors that provoke the development of allergic vasculitis includes medications (sulfonamides, antibiotics, oral contraceptives, analgesics, barbiturates, etc.) and chemicals (petroleum products, insecticides). The cause of allergic vasculitis can be household and plant allergens, prolonged intoxication, radiation. A favorable background for the development of allergic vasculitis can be metabolic disorders occurring in the body (diabetes mellitus, gout, obesity, atherosclerosis), vascular disorders (hypertension, varicose veins, heart failure) and diseases of somatic organs, primarily the liver: biliary cirrhosis, chronic hepatitis, alcoholic liver disease.

In the development of vasculitis, there are two periods-early and late. In the first period, infectious and toxic factors cause the formation of CIC and their deposition in the vascular wall, activation of complement and mast cells with the release of inflammatory mediators. This leads to damage to the walls with the development of aseptic inflammation and increased vessel permeability. In the second (late) period, activation of T-lymphocytes with the release of cytokines is noted, which further aggravates the damaging effect. This is how a hemorrhagic rash appears - a pathognomonic sign of allergic vasculitis. Many researchers of this problem point to the

relationship between the severity of allergic vasculitis and the number of immune complexes circulating in the blood.

Classification

The clinical classification of allergic vasculitis used by modern rheumatology is based on the caliber of the affected vessels. According to it, select:

- Superficial allergic vasculitis-characterized by damage to the capillaries, small venules and arteries of the skin. This group includes hemosiderosis, hemorrhagic vasculitis, nodular necrotic vasculitis, Rooter's allergic arteriolitis, smallpox-like acute lichenoid parapsoriasis, and hemorrhagic leukoclastic microbe.
- Deep allergic vasculitis-accompanied by damage to the arteries and veins of medium and large caliber, passing in the subcutaneous adipose tissue and on its border with the dermis. It is clinically manifested by various forms of acute and chronic erythema nodosum.

Symptoms of allergic vasculitis

Hemosideroses

The group of hemosideroses includes clinical varieties of allergic vasculitis caused by damage to the endothelium of precapillaries and capillaries with the deposition of hemosiderin — an iron-containing pigment that forms after the breakdown of hemoglobin. These variants of allergic vasculitis are characterized by the appearance of petechial rashes, small yellow-brown spots and vascular asterisks on the skin. The rash in most cases is located in the distal parts of the extremities, more often-on the legs. Rashes can be accompanied by itching of varying intensity. The general condition of patients, as a rule, is not disturbed. In some cases, the formation of a trophic ulcer is possible.

Hemosideroses include the following variants of allergic vasculitis:

- Mayocchi's disease (ring-shaped telangiectatic purpura),
- eczematous purpura (Ducasa-Capetana-kisa),
- Shamberg's disease,
- itchy purpura (Leventhal's),
- purplish pigmented lichenoid dermatitis (Gougereau-Blum syndrome),
- arcuate telangiectatic purpura (Touraine),
- white skin atrophy (Miliana),
- purplish pigmented angiodermatitis (Favre-Shae syndrome),
- orthostatic purpura and reticular senile hemosiderosis.

In the diagnosis of hemosiderosis, a differential diagnosis with atopic dermatitis, toxicoderma, eczema, lichen planus is necessary.

Hemorrhagic vasculitis (Schonlein-Heinoch disease)

This type of allergic vasculitis is manifested by damage to the endothelium not only of the skin vessels, but also of internal organs. In this case, aseptic inflammation of the vascular wall is accompanied by the formation of microthrombi. There are the following forms of hemorrhagic allergic vasculitis::

- cutaneous-articular with rashes in the form of hemorrhagic and erythematous spots and damage to large joints by the type of arthritis;
- abdominal pain with severe abdominal pain and intestinal bleeding; renal pain with symptoms of acute or chronic glomerulonephritis;
- lightning-fast necrotic, often ending in death due to multiple lesions of internal organs with the development of myocarditis, pleurisy, polyarthritis,
- gastrointestinal and nosebleeds, glomerulonephritis; mixed.

Differential diagnosis of allergic vasculitis, which occurs according to the type of Schonlein-Henoch disease, is carried out with erythema multiforme, drug-induced dermatitis, nodular periarteritis, and hemorrhagic syndrome of infectious diseases.

Nodular necrotizing vasculitis

This type of allergic vasculitis is characterized by a chronic course with deterioration of the general condition. Skin manifestations are characterized by ulcerating nodular elements and erythematous spots with a hemorrhagic component. Requires differentiation from the papulonecrotic form of skin tuberculosis.

Rooter's allergic arteriolitis

Rooter's allergic vasculitis is characterized by a polymorphism of rashes accompanied by a violation of the patient's general well-being (headaches, malaise, subfebrility, arthralgia, and sometimes inflammatory changes in the joints). Rashes can be represented by papules, spots, pustules, vascular asterisks, blisters, vesicles, areas of necrosis and ulceration. According to the predominant elements of the rash, this type of allergic vasculitis is divided into nodular-necrotic, hemorrhagic and polymorphic-nodular.

Erythema nodosum

Erythema nodosum can have an acute and chronic course. With this type of allergic vasculitis, dense painful subcutaneous nodules and nodes are formed, localized mainly on the anterior surface of the lower legs. Node resolution occurs without destruction. Seals may remain in their place for a long time. The disease occurs with a violation of the general condition, the appearance of symmetrical arthralgia and arthritis.

Diagnostics

Patients with suspected allergic vasculitis should consult a rheumatologist. Due to the pronounced variety of manifestations and forms of allergic vasculitis, its diagnosis is a difficult task for a doctor. It takes into account anamnesis data, the clinical picture of the disease, the nature of the course, the patient's age, the results of laboratory tests and histological examination of the material taken by skin biopsy.

Among the laboratory diagnostic methods for allergic vasculitis, clinical blood and urine analysis, blood sugar analysis, liver biochemical tests, ASL-O and CIC determination are used. The histological picture of allergic vasculitis is characterized by swelling and swelling of the endothelium of the skin and subcutaneous vessels, its proliferation with narrowing of the lumen of the affected vessel, leukocyte infiltration of the vascular wall, deposition of hemorrhsiderin in it, microthrombosis and the release of blood elements outside the vessel. RIF allows detecting the deposition of immunoglobulins and antigen-antibody complexes in the wall of the affected vessel.

To identify chronic infectious foci in the body during the diagnosis of allergic vasculitis, urine, feces and nasopharyngeal smear are backseeded, gynecological examination of women, PCR studies for various infections, RPR test, examination by a phthisiatrician. Diagnosis of concomitant vascular disorders may require consultation with a cardiologist, phlebologist or vascular surgeon, ECG, angiography, ultrasound of the arteries and veins.

Treatment of allergic vasculitis

Treatment of allergic vasculitis is carried out with desensitizing and antihistamines, calcium supplements. Vascular preparations aimed at improving vascular tone, reducing the permeability of the vessel and thrombosis in its lumen are widely used. These include: hydroxyethylrutoside, ethamsylate, ascorbic acid+rutoside, pyricarbate, aminocaproic acid, horse chestnut extract, etc. In severe cases of allergic vasculitis, the use of glucocorticosteroids and cytostatics, extracorporeal hemocorrection (hemosorption, membrane plasmapheresis, etc.) is indicated.In the presence of infectious foci, their sanitation and systemic antibacterial therapy are necessary.

In the treatment of allergic vasculitis, external remedies can also be used, mainly creams and ointments containing troxerutin, clostridiopeptidase, chloramphenicol, bovine blood extract, etc. If allergic vasculitis is accompanied by joint syndrome, anti-inflammatory ointments, dressings with dimethyl sulfoxide, ultraphonophoresis and magnetic therapy are prescribed locally.

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