PATIENT INFORMATION LEAFLET

CAPILLARITIS

WHAT IS THE AIM OF THIS LEAFLET?

This leaflet has been written to help you understand more about capillaritis. It tells you what it is, what causes it, what can be done about it, and where you can find more information about it.

WHAT IS CAPILLARITIS?

Capillaritis, also known as pigmented purpuric dermatosis, describes an uncommon skin condition where reddish-brown dots and patches appear on the skin. It often affects both the lower legs and does not cause any symptoms. It is not harmful or contagious. Capillaritis can affect anyone, including children.

WHAT DOES CAPILLARITIS FEEL AND LOOK LIKE?

Most people do not have any symptoms, apart from the skin looking abnormal. However, capillaritis can be itchy, particularly with some of the specific types described below. Some people describe a burning sensation of the overlying skin, particularly when new spots develop.

Initially flat, small red and brown dots develop on the skin, these are non-blanching (do not change colour when they are pressed with a glass). Over time, these areas may join together to form a larger patch of colour change. Over weeks to months (rarely years) the areas often fade back towards the colour of the surrounding skin.

WHAT CAUSES CAPILLARITIS?

Capillaritis most often develops on its own, without any obvious cause. However, in some cases, it can be triggered by factors such as intense exercise, prolonged standing, or venous insufficiency (when blood pools in the leg veins). It can also be linked to certain infections, contact allergies (for example, to black rubber or khaki-clothing dye), alcohol and medications.

Some medications may cause capillaritis - these include aspirin, diuretics, thiamine, calcium channel blockers and some vaccinations. Capillaritis appears to be more common in people with some underlying diseases such as hypertension or diabetes.

Capillaries are the smallest blood vessels in the skin and throughout the body. In capillaritis, it is thought that capillaries become inflamed and leaky, which causes red blood cells to escape in the skin and break down. As a result of this a process called haemosiderin deposition, a yellow or reddish-brown discolouration appears on the skin.

WHAT ARE THE DIFFERENT TYPES OF CAPILLARITIS?

There are several different types of capillaritis, the most common of these are:

Schamberg disease (progressive pigmented purpura)

Schamberg is by far the most common type of capillaritis and tends to occur in any age group but is more common in middle-aged adults. It most commonly affects the lower legs with red-brown dots, described as 'cayenne pepper spots'. It does not usually cause symptoms.

Majocchi disease (purpura annularis telangiectodes)

This presents with round brown and red ring-shaped patches with clear skin centrally, there may be red dots seen at the

border. These patches can range from small to large in size. It is more common in females, children and young adults.

Pigmented purpuric lichenoid dermatosis of Gougerot-Blum (pigmented purpuric lichenoid dermatosis)

The patches tend to be thicker, purple in colour (violaceous), located on the lower legs and intensely itchy. They tend to start as isolated small lesions which can combine to affect larger areas.

Lichen aureus

This is normally a single rusty, golden-orange patch (aureus meaning golden) that varies in size from one to several centimetres. It tends to be very persistent and can sometimes be very itchy. It is more common in young adults.

Eczematid-like purpura of Doucas and Kapetanakis (aka pruritic purpura)

This looks similar to Schamberg disease, but with a scaly surface. It is very itchy. It often starts at the ankles but can spread to affect the whole body. It can be associated with a contact allergy.

IS CAPILLARITIS HEREDITARY?

No.

HOW CAN CAPILLARITIS BE DIAGNOSED?

A dermatologist may be able to diagnose the condition just by looking at the skin, sometimes with a dermatoscope (a handheld instrument). However, in some cases a biopsy is needed to confirm the diagnosis. A biopsy is when a small sample of skin is sent to the laboratory to be examined under a microscope.

Blood tests may be done to check for underlying conditions and to check full blood count and clotting.

If a contact allergy cause is suspected, then patch testing may be done.

CAN CAPILLARITIS BE CURED?

The natural course of capillaritis varies depending on the individual and the subtype of the condition. In some cases, it can resolve quickly; sometimes it may take years. In some people, the condition can persist or come back (recurrence).

Some people may experience only one episode, while others may have recurring episodes.

HOW CAN CAPILLARITIS BE TREATED?

Sometimes no active treatment is required, and the rash can simply be monitored as it gets better on its own.

If a medication is suspected as the cause, this will be stopped if safe to do so. Following this, the rash normally resolves over time.

In some cases, a treatment may be recommended:

- Compression stockings can help to prevent leakage of blood from capillaries and so these can be given for capillaritis of the lower legs to reduce recurrence.
- In itchy subtypes of capillaritis topical steroids creams may help reduce the itch.
- Light therapy (topical or oral PUVA, NB-UVB, or rarely, laser therapy) may be recommended; some people have recurrence after treatment is completed but others remain clear of the rash.
- Oral tablets such as pentoxifylline maybe helpful or tried.

WHERE CAN I GET MORE INFORMATION ABOUT CAPILLARITIS?

Weblinks to other relevant sources:

www.dermnetnz.org/capillaritis

Jargon Buster:
www.skinhealthinfo.org.uk/support-resources/jargon-buster/

Please note that the BAD provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

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