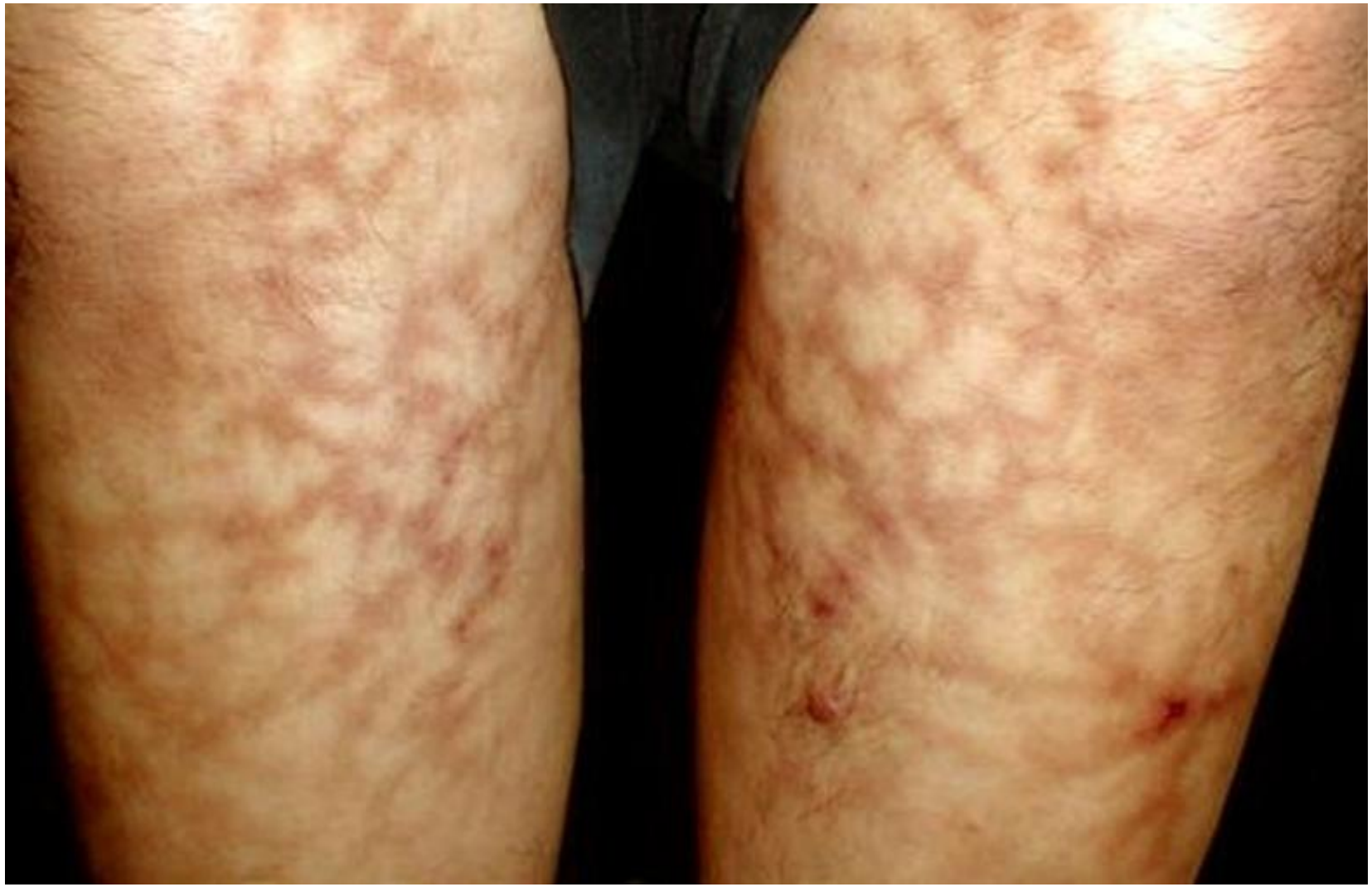
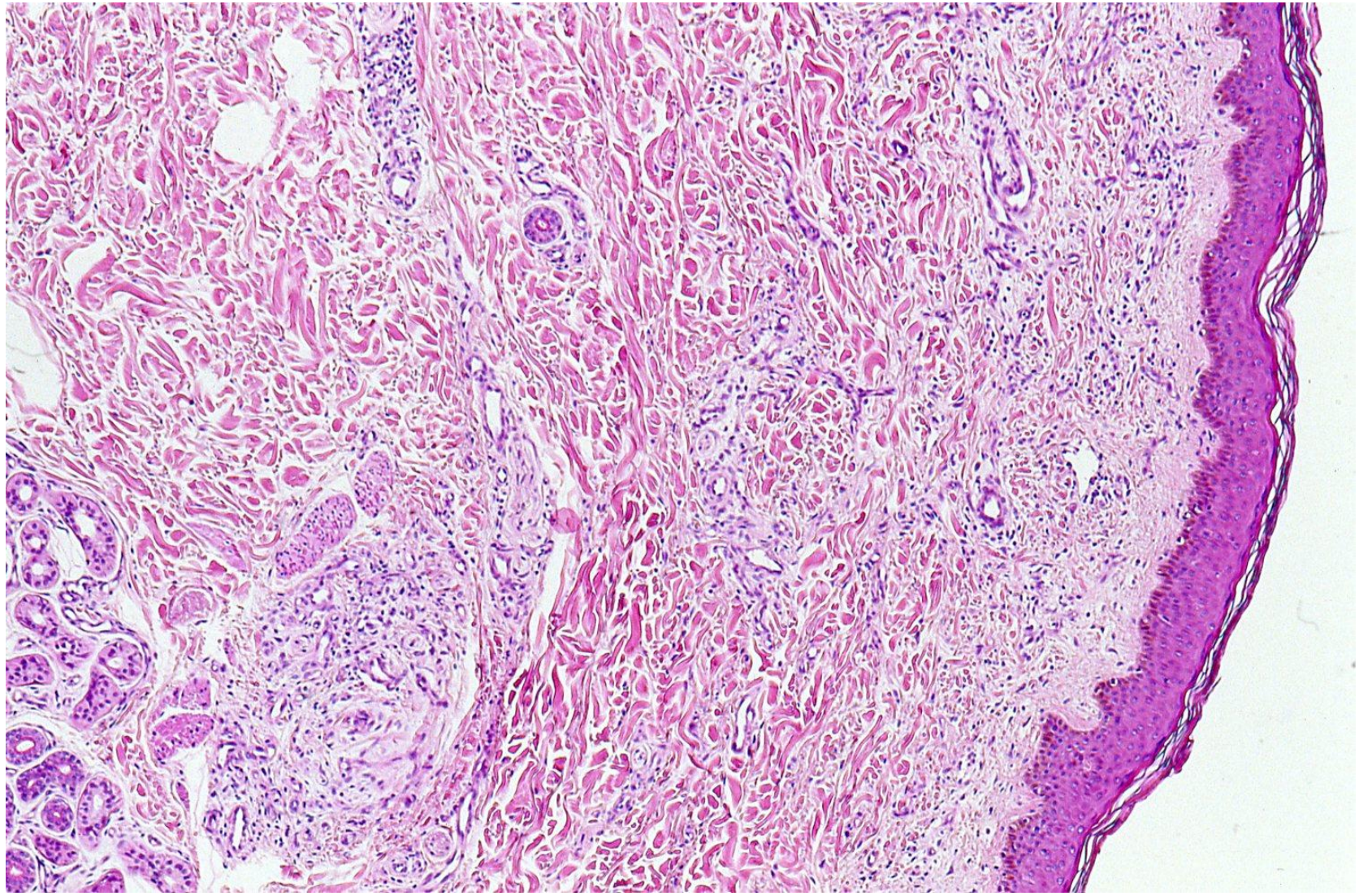
Anti-phospholipid antibody syndrome involving the skin

Livedo reticularis (mottling skin) is a common cutaneous manifestation of antiphospholipid antibody syndrome (APAS), but other diseases may also cause livedo reticularis. APAS should be considered in patients who manifest livedo reticularis and cerebrovascular accidents (Sneddon‘s syndrome). Cutaneous ulceration may happen in APAS cases with extensive microvascular occlusions in the skin.

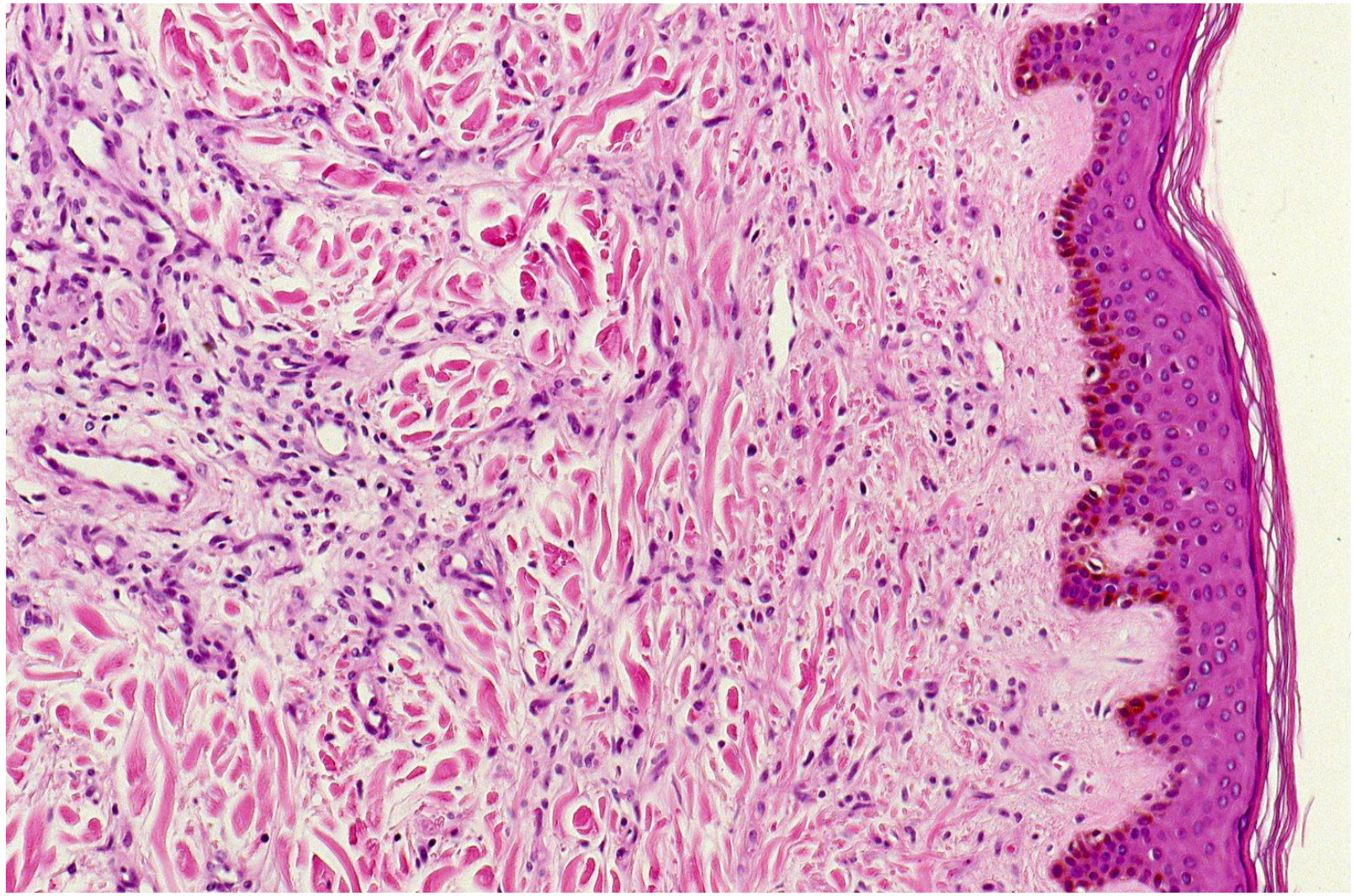
Ref.: Weinstein S, Piette W. Cutaneous manifestations of antiphospholipid antibody syndrome. Hematol Oncol Clinics North Am 2008; 22(1): 67-77. doi: 10.1016/j.hoc.2007.10.011



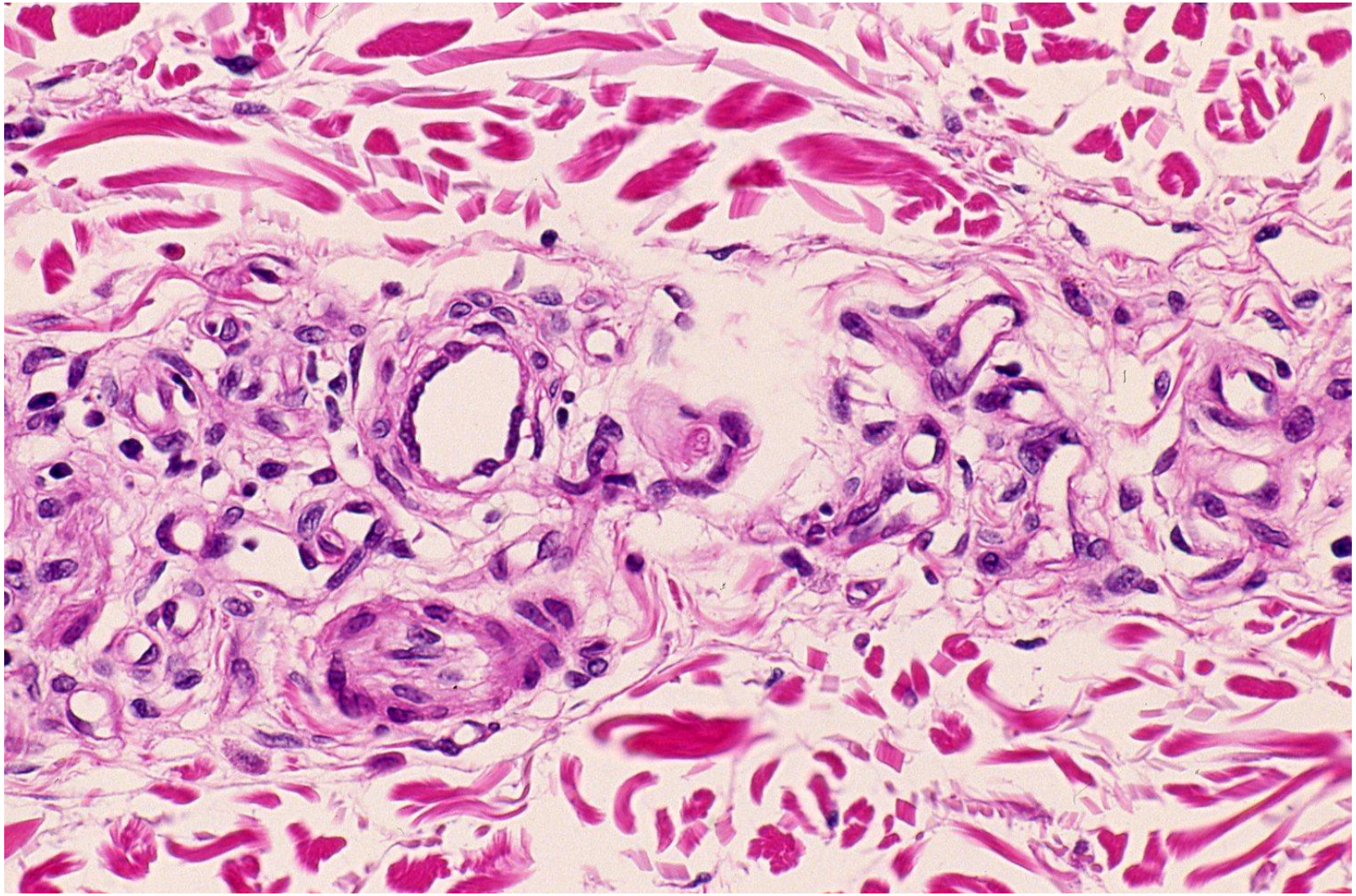
Livedo reticularis (mottling skin) on both legs. Borrowed from an Internet site.
https://healthncare.info/livedo-reticularis-mottling-skin-causes-pictures-treatment/



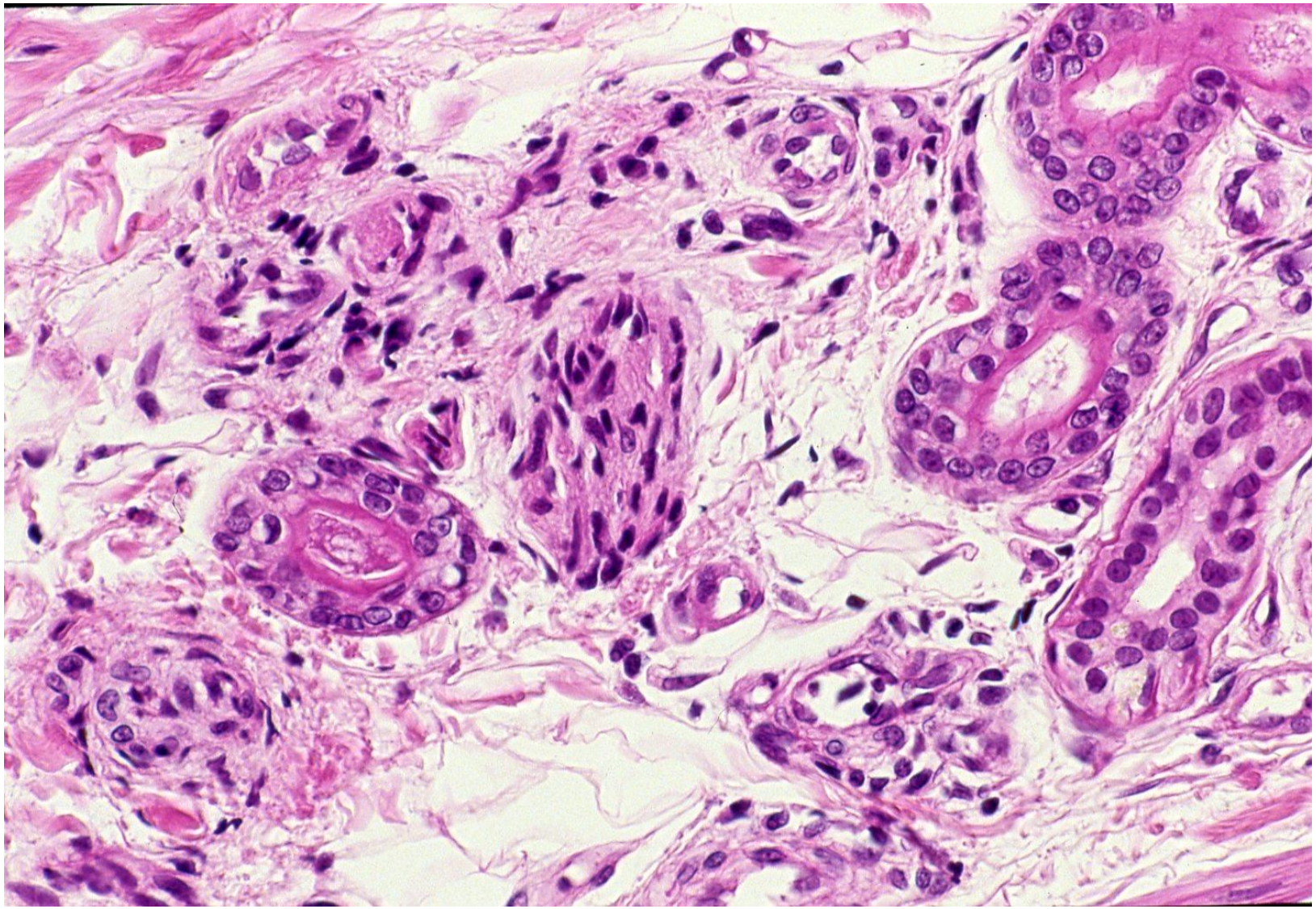
Livedo reticularis on the lower leg in anti-phospholipid antibody syndrome. Biopsy was taken from a male patient aged 40's. In the reticular dermis, mild increase of capillary vessels with mild infiltration of small lymphocytes is noted (H&E-1).



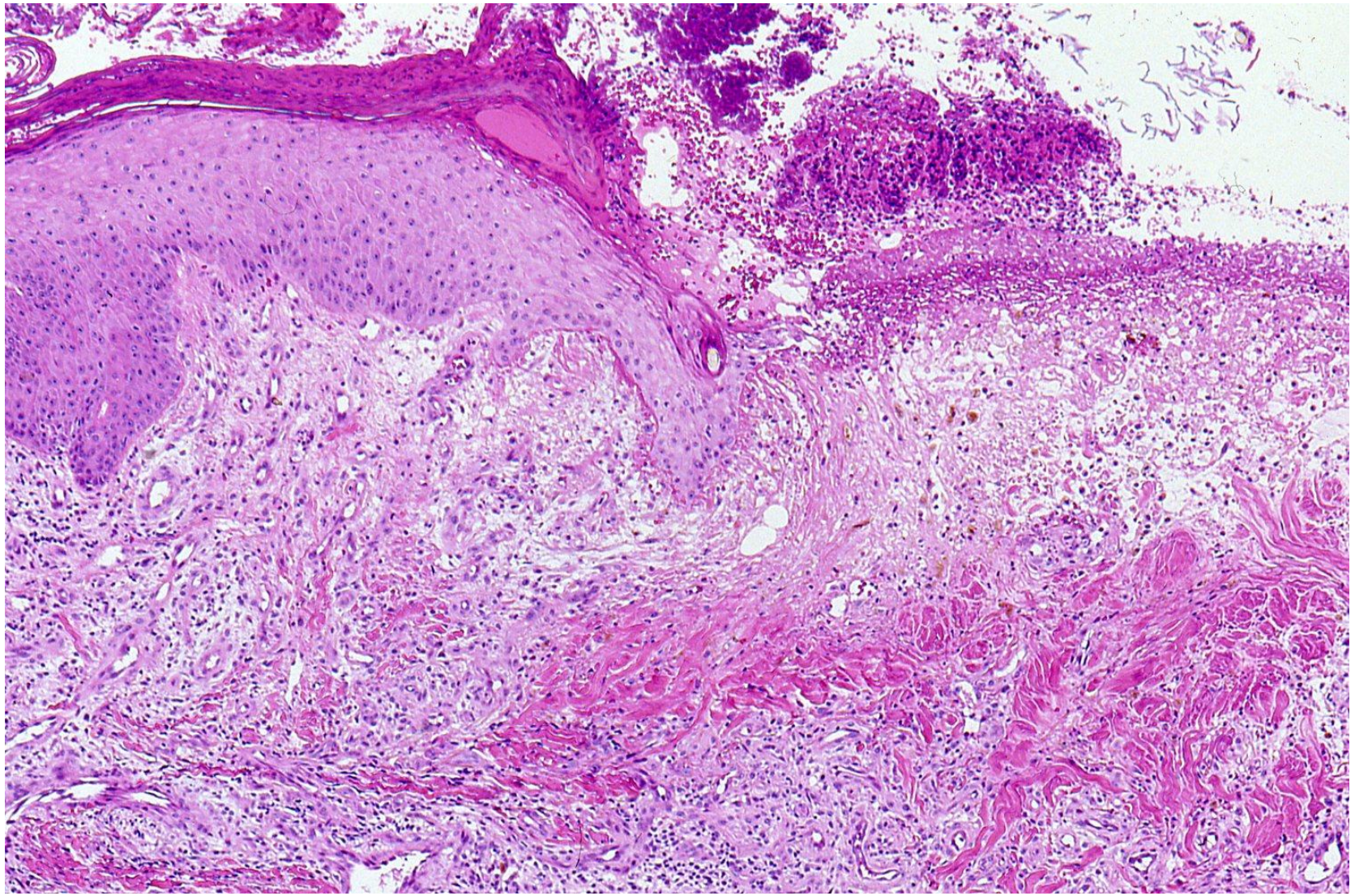
Livedo reticularis on the lower leg in anti-phospholipid antibody syndrome. Biopsy was taken from a male patient aged 40's. In the reticular dermis, mild increase of capillary vessels with mild infiltration of small lymphocytes is noted (H&E-2).



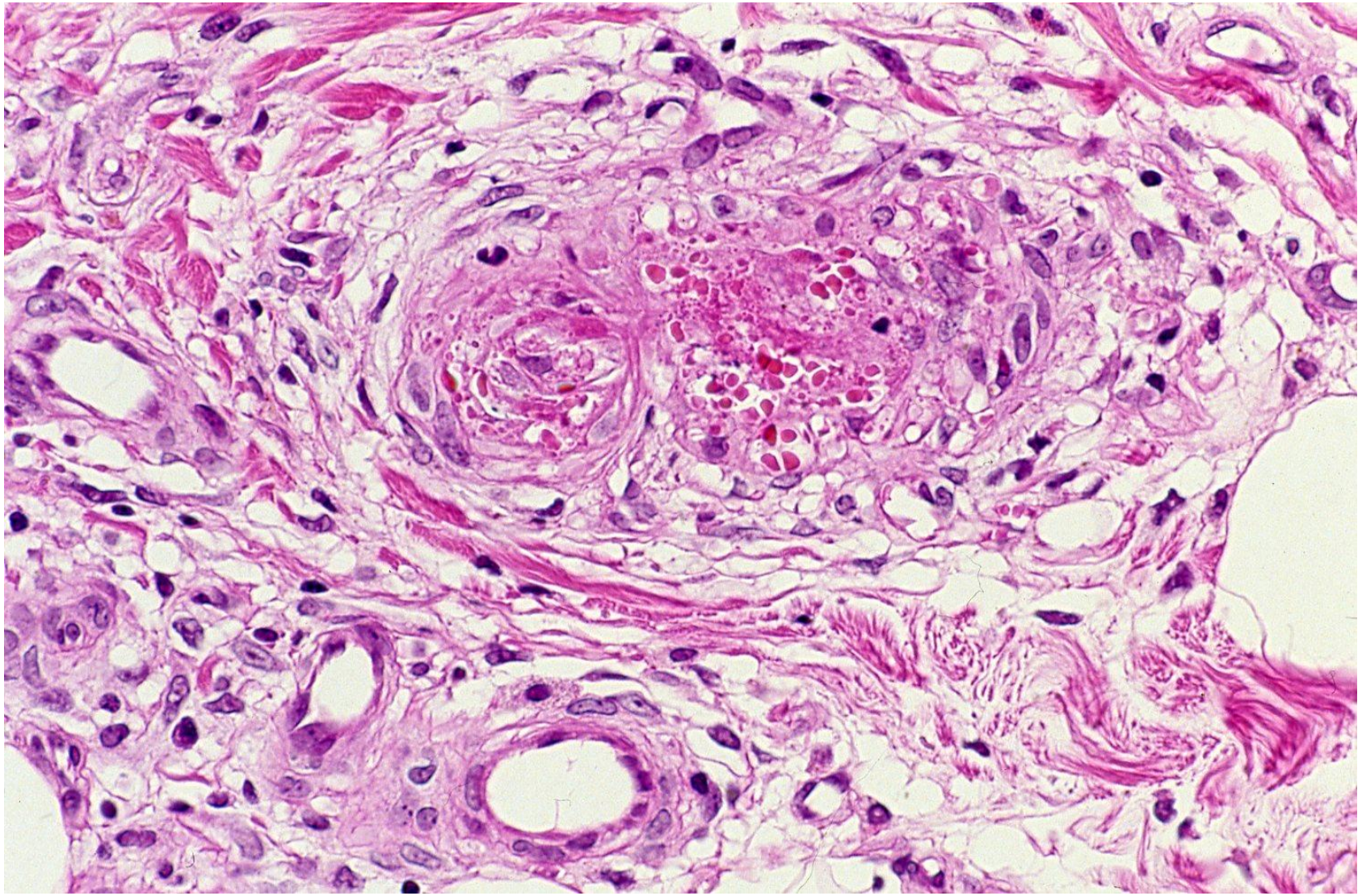
Livedo reticularis on the lower leg in anti-phospholipid antibody syndrome. Biopsy was taken from a male patient aged 40's. In the reticular dermis, mild increase of capillary vessels with mild infiltration of small lymphocytes is noted. A small thrombus is focally associated (H&E-3).



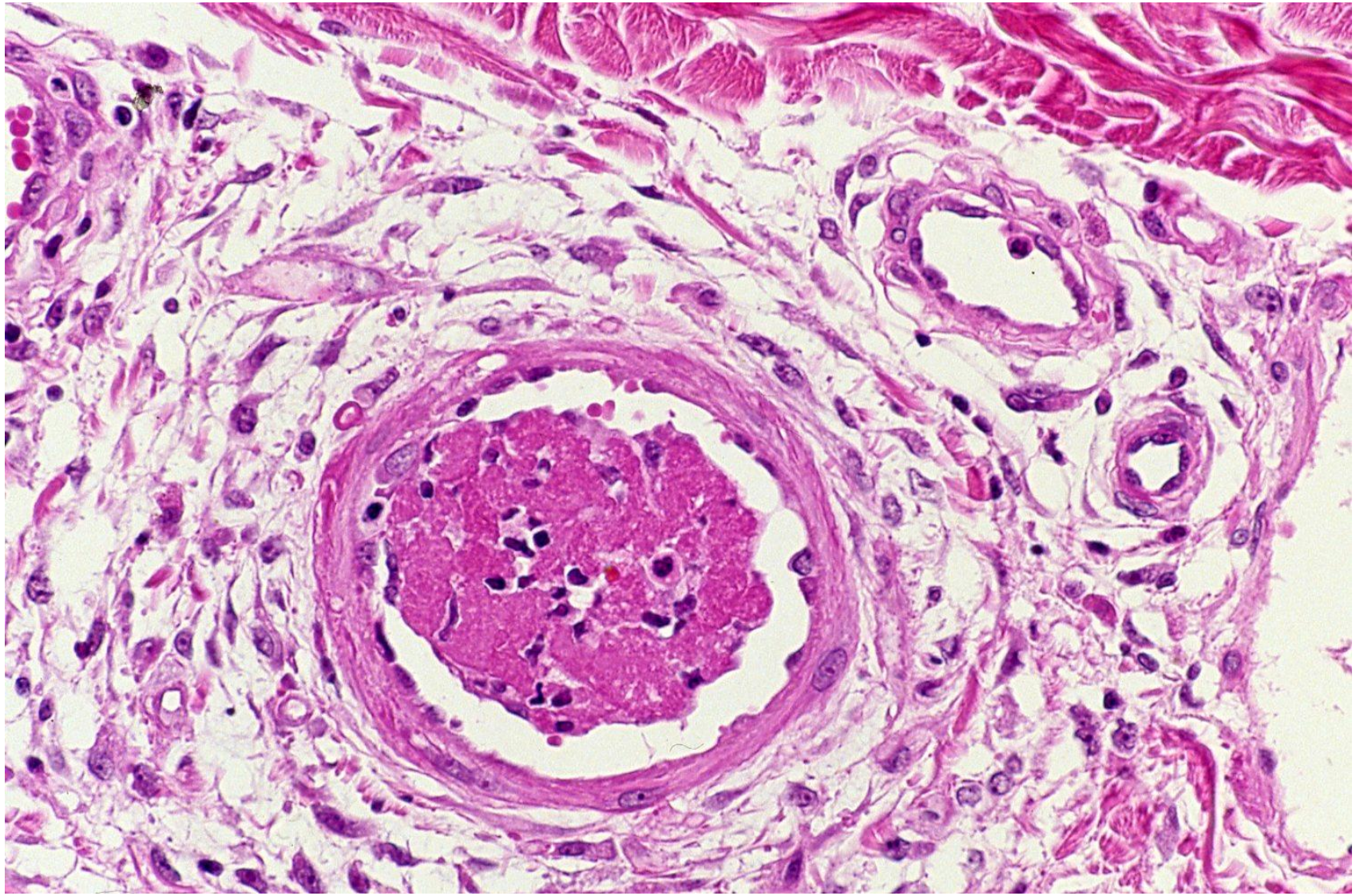
Livedo reticularis on the lower leg in anti-phospholipid antibody syndrome. Biopsy was taken from a male patient aged 40's. In the reticular dermis, mild increase of capillary vessels with mild infiltration of small lymphocytes is noted around the sweat gland. Small thrombi are focally associated (H&E-4).



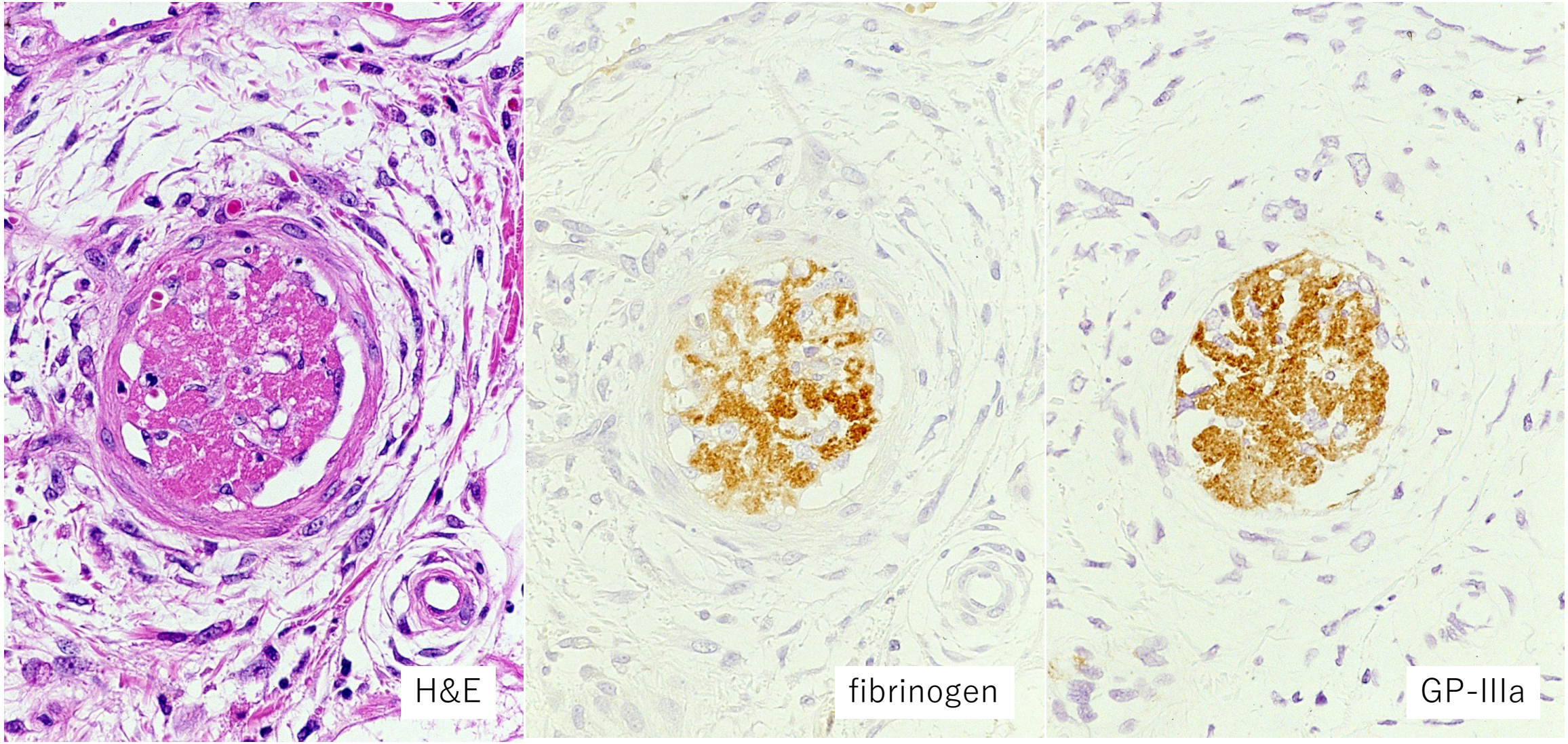
Skin ulcer on the lower leg in anti-phospholipid antibody syndrome. Biopsy was taken from a female patient aged 50's. Open ulceration is seen in the leg skin. In the reticular dermis, increase of capillary vessels is noted (H&E-a).



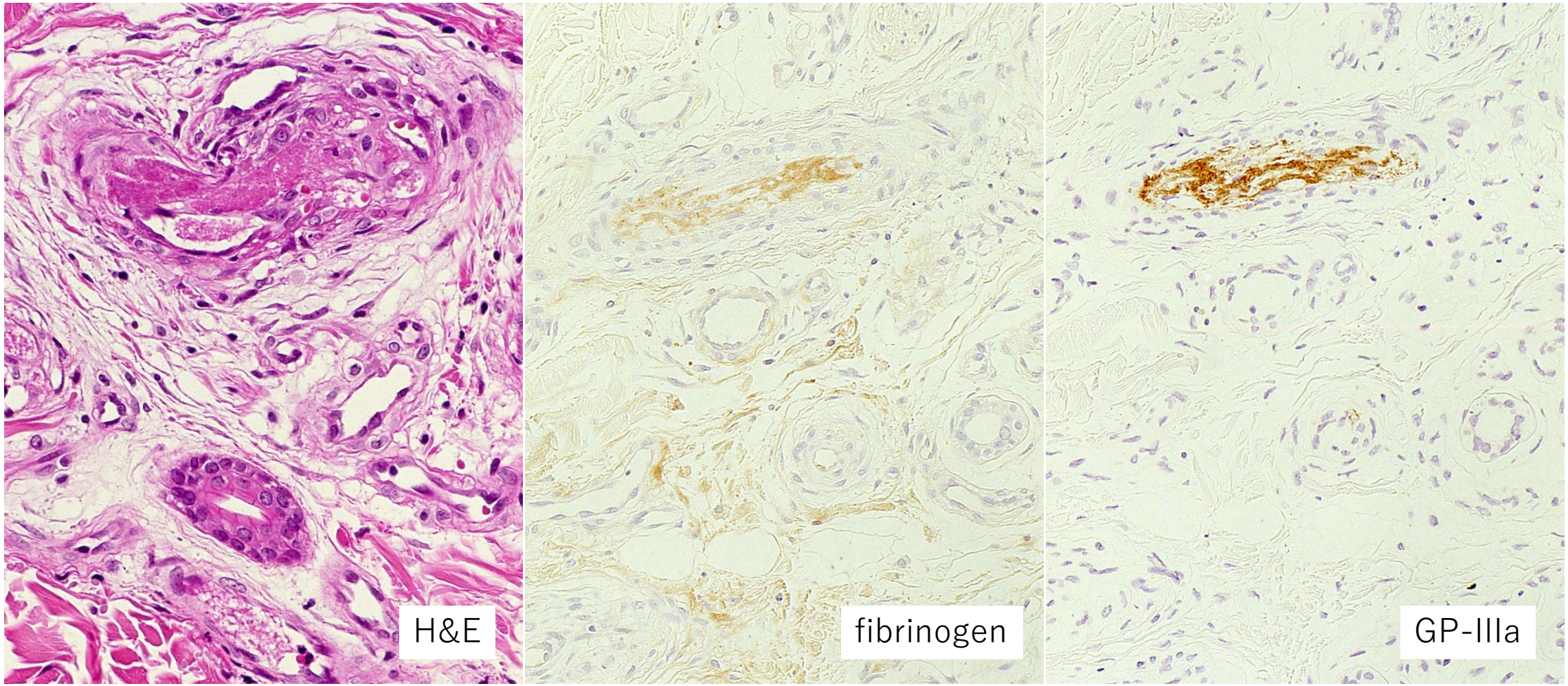
Skin ulcer on the lower leg in anti-phospholipid antibody syndrome. Biopsy was taken from a female patient aged 50's. Thrombotic obstruction of an arteriole is evident in ulcer base granulation tissue (H&E-b).



Skin ulcer on the lower leg in anti-phospholipid antibody syndrome. Biopsy was taken from a female patient aged 50's. An organizing thrombus is seen in the reticular dermis beneath the ulcer (H&E-c).



Skin ulcer on the lower leg in anti-phospholipid antibody syndrome. Biopsy was taken from a female patient aged 50's. An organizing thrombus is seen in an arteriole in the reticular dermis beneath the ulcer (left: H&E). The thrombus is immunoreactive for fibrinogen (center) and glycoprotein IIIa (GP-IIIa), a marker of platelets (right).



Skin ulcer on the lower leg in anti-phospholipid antibody syndrome. Biopsy was taken from a female patient aged 50's. An organizing thrombus is seen in an arteriole in the reticular dermis beneath the ulcer (left: H&E). The thrombus is immunoreactive for fibrinogen (center) and glycoprotein IIIa (GP-IIIa), a marker of platelets (right).