

Vancomycin-induced cutaneous vasculitis

An 86-year-old man was admitted to hospital with diarrhoea and abdominal pain and diagnosed with *Clostridium difficile* infection. He was treated with oral vancomycin and discharged. He was readmitted shortly thereafter with a purpuric rash (Figure 1), oedema and pain confined to his lower limbs that had begun the day after initiation of treatment. Investigations including anti-nuclear antibody, complement, anti-neutrophil cytoplasmic antibody, anti-glomerular basement membrane antibody and rheumatoid factor levels were all normal. He was diag-

nosed with vancomycin-induced cutaneous vasculitis. Vancomycin was discontinued and betnovate cream was applied. The rash slowly resolved over 2 months.

Cutaneous vasculitis is a rare side effect of vancomycin. This effect has been previously reported and is associated with a good prognosis on cessation of the offending drug (Tai et al, 2006; Felix-Getzik and Sylvia, 2009). Topical and systemic steroids have also been used, although evi-

dence for this is lacking. Physicians should be aware of this rare side effect of a commonly used drug. **BJHM**

Felix-Getzik E, Sylvia M (2009) Vancomycin-induced leucocytoclastic vasculitis.

Pharmacotherapy 29(7): 846–51

Tai YJ, Chong AH, Williams RA, Cumming S, Kelly RI (2006) Retrospective analysis of adult patients with cutaneous leucocytoclastic vasculitis. *Australas J Dermatol* 47: 92–6

Figure 1. a. Bilateral palpable purpura (consistent with leucocytoclastic vasculitis). b. Close up view of lesions on medial calf.



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