

## Microscopic polyangiitis or septic vasculitis?

Sirs,

I read with great interest the article by Miranda-Filloy *et al.* (1) reporting a case of purpura and vasculitis in a patient with endocarditis caused by *Staphylococcus aureus* (SA). The authors report that their patient fulfilled the definition for microscopic polyangiitis. However, they do not discuss a major differential diagnosis. Purpura associated with vasculitis are classical and frequent clinical features of SA endocarditis and the cause is septic vasculitis secondary to septic emboli (2-5). Skin biopsy of septic vasculitis shows a necrotizing vasculitis of medium or small size arteries depending on embol size, with infiltration of neutrophils (2-5), which is similar to the description in the report by Miranda-Filloy *et al.* (1). The demonstration of septic thrombus and Gram positive cocci is not constantly found since it depends on the time and location of skin biopsy (2-5). Although the hypothesis of microscopic polyangiitis is very attractive, the authors should first consider the diagnosis of septic vasculitis.

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### References

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### Reply

Sirs,

We very much appreciate the interest of Dr. Del Giudice in our report "Microscopic polyangiitis following *Staphylococcus aureus* bacteremia and infectious endocarditis" recently published (1). Purpura and petechiae are the most common mucocutaneous manifestation of bacterial endocarditis. They frequently occur in small crops on the upper chest and extremities. They are thought to occur from small-vessel inflammation rather than embolic phenomena. Our patient presented with symmetrical palpable purpura in the lower extremities and buttocks. In the presence of typical palpable purpura, a diagnosis of cutaneous vasculitis can be made in a straightforward fashion. However, a skin biopsy to confirm the presence of leukocytoclastic vasculitis is always required (2). In our case, the recurrent *Staphylococcus aureus* bacteremia could play a role in inducing autoantibodies to neutrophils proteins (ANCA) and vasculitis. The vasculitis in which ANCAs commonly occur share a range of pathological and clinical features. Our patient met the Chapel Hill Conference definitions for microscopic polyangiitis and the Duke criteria for bacterial endocarditis (1). In this regard, our case could support a potential implication of infection in the pathogenesis of systemic necrotizing vasculitis.

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## Erratum Corrige

The authors of **Adverse pregnancy outcomes in women with systemic lupus erythematosus from a multiethnic US cohort: LUMINA (LUI)** (R. Andrade *et al.*) published in our previous issue (*Clin Exp Rheumatol* 2008; 26: 268-274) have brought to our attention a mistake in the title. We apologise to the Authors for this error and herewith print the correct title:

### Adverse pregnancy outcomes in women with systemic lupus erythematosus from a multiethnic US cohort: LUMINA (LVI)

R. Andrade, M.L. Sanchez, G.S. Alarcón, B.J. Fessler, M. Fernández,  
A.M. Bertoli, M. Apte, L.M. Vilá, A.M. Arango, J.D. Reveille