



Chlorhexidine contact vasculitis

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Clinical Image description

Chlorhexidine contact vasculitis in a 72-year-old patient with cutaneous herpes (Figure 1) for whom he was put on local care with chlorhexidine, the evolution was marked by the installation of an erythematous and purpuric plaque at the level of the left flank (Figure 2) appeared 4 days after the application of chlorhexidine that the patient did not rinse with water after use. Dermoscopy showed an erythema that did not fade at the vitropression corresponding to purpura (Figure 3). The evolution was marked by the improvement and the regression of the plaque after application of dermocorticoids and eviction of the causal product (Figure 4).

Contact vasculitis is rare, usually with cutaneous expression and easy to diagnose due to the topography of the lesions on

the contact area. They can follow the application of chemicals (insecticides, petroleum derivatives), plants or animals or topical drugs (antiseptics, non-steroidal anti-inflammatory drugs). It is classified among the vasculitis of small vessels, it appears 1 to 8 days after applications leading to purpuric or urticarial lesions, sometimes associated with eczematiform lesions. Contact dermatitis and irritant dermatitis are the main differential diagnoses. Early biopsies revealed lymphocytic and / or leukocytoclastic vasculitis of the superficial dermal vessels sometimes associated with epidermal spongiosis. Patch tests with the product in question reproduce the initial lesion. Treatment is essentially based on the eviction of the causative product associated with symptomatic treatment.



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Figure 1: Vesicles grouped in bouquets in favor of cutaneous herpes.

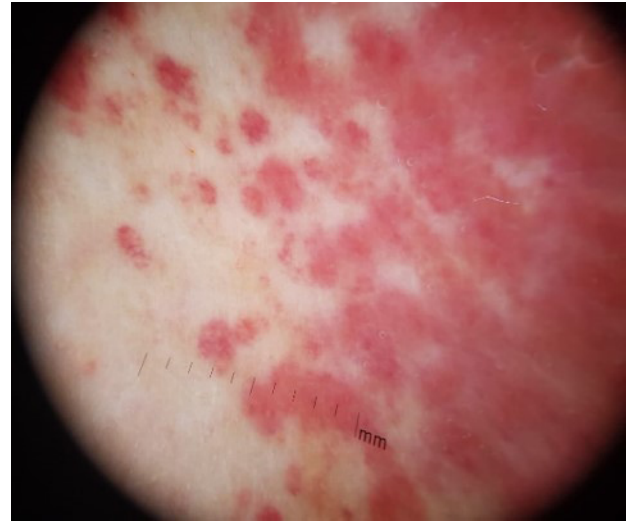


Figure 3: Dermoscopy showed an erythema that did not fade at the vitropression corresponding to purpura



Figure 2: Erythematous and purpuric cupboard on the left flank.



Figure 4: Control photo after 10 days.