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## The Presence of IgM Antiphospholipid Antibodies in Patients With Henoch-Schönlein Purpura and Recurrent Palpable Purpura

**H**enoch-Schönlein purpura (HSP) is a primary small-vessel vasculitis characterized by non-thrombocytopenic palpable purpura over the lower extremities. Our research group previously speculated that IgM antiphosphatidylserine-prothrombin complex (anti-PSPT) antibodies could be implicated in disease susceptibility for livedo racemosa.<sup>1</sup> Others have reported the presence of antiphospholipid antibodies in

patients with cutaneous vasculitis, including HSP.<sup>2,3</sup> Whether these antibodies represent an epiphenomenon or they are thrombogenic and/or vasculitic in origin in such patients is unknown.

**Methods.** We reviewed the records of Japanese patients with HSP who were seen at the Department of Dermatology, St Marianna University, Kawasaki, Japan, with the recurrent cutaneous manifestation of palpable purpura on their lower extremities between 2006 and 2010. The patients were diagnosed according to the criteria defined by the American College of Rheumatology<sup>4</sup> and the KAWAKAMI algorithm.<sup>5</sup> Recurrent palpable purpura was defined as the occurrence of slightly elevated purpura with palpable swelling numerous times during the 3-month follow-up. None of our patients demonstrated any evidence of a coexisting malignant neoplasm, other autoimmune disease, or viral hepatitis. Lupus anticoagulant (LAC) levels and/or the presence of anti-PSPT antibodies were measured according to previously described procedures.<sup>1</sup>

**Results.** We identified 12 consecutive patients with HSP and recurrent palpable purpura (4 men and 8 women), mean (SD) age, 32.7 (11.7) years (**Table**). All patients demonstrated livedo racemosa over their lower extremities in association with the temporary disappearance of the palpable purpura (**Figure**). Seven of the 12 patients were shown to be LAC positive (58%). Eleven patients tested positive for IgM anti-PSPT antibodies (92%) but not IgG anti-PSPT antibodies. All the patients were LAC positive and/or demonstrated IgM anti-PSPT antibodies. Renal involvement was noted in 9 patients (75%), and gastrointestinal involvement was noted in 8 (67%). There were 7 patients with both renal and gastrointestinal involvement (58%) and also tested positive for IgM anti-PSPT antibodies.

**Comment.** We found that all patients with HSP except 1 woman with recurrent palpable purpura tested positive for IgM anti-PSPT antibodies. Livedo racemosa was found in all patients. We suggest that the link between recurrent palpable purpura and livedo racemosa in the present patients may be related to a common immunogenetic pathogenic pathway that includes IgM anti-PSPT antibodies.

**Table. Clinical and Serologic Findings in Patients With HSP and Recurrent Palpable Purpura**

Patient No./ Sex/Age, y	LAC	Anti-PSPT IgM	Arthralgia	Renal Involvement	Gastrointestinal Involvement
1/1/F9	-	15	+	+	+
2/28/M	+	28	+	-	-
3/57/F	+	16	+	+	+
4/34/M	+	-	+	-	+
5/38/F	-	21	+	+	+
6/21/F	-	13	-	+	+
7/31/F	+	13	+	+	+
8/29/M	-	16	+	+	+
9/46/F	+	11	+	+	-
10/44/F	-	13	+	+	+
11/21/M	+	28	+	+	-
12/24/F	+	16	-	-	-

Abbreviations: HSP, Henoch-Schönlein purpura; LAC, lupus anticoagulant; Anti-PSPT IgM antiphosphatidylserine-prothrombin complex IgM antibodies; plus sign, presence of clinical or serologic entity; minus sign, absence of clinical or serologic entity.



**Figure.** Clinical images. A, Palpable purpura on the lower extremities (patient 8). B, Livedo racemosa over the lower extremities when palpable purpura disappeared temporarily (patient 9).

Antiphospholipid antibodies likely cause vascular thrombosis by damaging the endothelium. However, there is a controversy whether these antiphospholipid antibodies per se cause a true necrotizing vasculitis. Patterson et al<sup>6</sup> focus on the role of endothelial cell injury as a cofactor in the evolution of small-vessel vasculitis. Based on these findings, IgM anti-PSPT antibodies may be involved in damaging the endothelial cells, which could lead to the formation of recurrent palpable purpura as well as livedo racemosa.

More than half of patients with HSP who have recurrent palpable purpura also have both renal and gastrointestinal involvement. Serum IgM anti-PSPT antibody levels could be related to the common pathogenic factors that trigger the development of severe HSP, gastrointestinal symptoms, and HSP nephritis. As such, the IgM-antigen complex, as a heavy molecule, could be preferentially trapped in the capillaries of kidney and the digestive tract.

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## COMMENTS AND OPINIONS

### Psoriasis, Addiction, and Personality

In their prospective study in a recent issue of the *Archives*, Qureshi et al<sup>1</sup> provide convincing evidence that intake of nonlight beer increases the risk of developing psoriasis. Since there are several other factors known to negatively influence psoriasis, such as obesity and smoking,<sup>2</sup> it seems reasonable to counsel patients on lifestyle modification, as proposed by Shelling and Kirshner<sup>3</sup> in a "Practice Gaps" article in the same issue of the *Archives*. However, the effectiveness of such counseling is somewhat questionable because of personality traits rendering patients with psoriasis susceptible to addictive behavior concerning alcohol and food intake.<sup>4</sup>

In a comparative study of personality traits in patients with psoriasis, atopic dermatitis, and urticaria, our research team<sup>4</sup> showed important differences in self-regulation, competence, and coping behavior. In contrast to patients with atopic dermatitis and urticaria, patients with psoriasis showed low scores for intrinsic positive affect and high scores for impulsive behavior. In these patients, alcohol may function as source of positive affect. Faced with negative life events or stressful situations, patients with psoriasis showed deficits in managing the situation appropriately and tended to avoid negative outcomes because of an overall lack of action-oriented behavior.

Because the risk behavior in patients with psoriasis is so closely linked to personality structure, an early and specific preventive intervention seems desirable to enhance self-efficacy and self-motivation, reduce helplessness, and aid in the development of coping strategies to enable the patient with psoriasis to generate intrinsic positive affect. Such psychotherapeutically oriented motivational counseling should help patients with psoriasis to overcome state orientation, depressive mood states, and nonadaptive coping strategies.

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### Gluten-Free Diet in Patients With Dermatitis Herpetiformis: Not Only a Matter of Skin

We read with interest the article by Paek et al,<sup>1</sup> a retrospective cohort of 86 patients with dermatitis herpetiformis (DH). The authors reported that 10 patients experienced remission (12%), defined as "absence of skin lesions and symptoms of DH for more than 2 years while not taking [medical agents] and not adhering to a gluten-free diet."<sup>1(p301)</sup>

Despite the 3 important limitations of the study listed by the authors, the results were very interesting because very few data are available regarding DH remission. However, the authors declare that "clinicians should continually reevaluate the need for medical therapy and a gluten-free diet for their patients with well-controlled DH, with the idea that DH might actually be in remission in some patients,"<sup>1(p304)</sup> an idea that should be carefully discussed because it could deeply affect the management of patients with DH.

First of all, several studies have demonstrated that DH is the specific cutaneous expression of celiac disease (CD) and, consequently, that (almost) all patients with DH have some degree of CD.<sup>2,3</sup> Thus, DH should not be considered a mere skin disease but a more complex entity with potential systemic involvement (including cardiomyopathy, ataxia, infertility, and other comorbid conditions) as CD is.<sup>4</sup>

Second, the aims of the different therapeutic strategies adopted for patients with DH should be considered. In particular, treatment with sulfones or other medical agents should be considered symptomatic therapy with the aim of reducing DH signs and symptoms. Therefore, discontinuation of such treatment while DH is in remission should be regarded as a correct approach.

By contrast, a gluten-free diet plays a different role in the management of the DH/CD spectrum, since CD is the only example in the field of autoimmune diseases for which the addition or removal of a simple environmental component, gluten, can turn the disease process on or off.<sup>5</sup> Thus, a gluten-free diet should not be considered a mere symptomatic approach, and its interruption should be carefully evaluated. In particular, in our opinion, an accurate histopathologic examination of the intestinal mucosa and a serologic evaluation of anti-transglutaminase antibodies should be performed before and after the reintroduction of gluten-containing foods into the diet to ensure that the remission of DH was also associated with the remission of the intestinal disease. Accordingly, lifelong commitment to a gluten free-diet is considered essential by gastroenterologists in CD and offers the patient a much better quality of life, avoidance of most complications, and an effective cure.<sup>6</sup>

In conclusion, although the results reported by Paek et al<sup>1</sup> are interesting,<sup>1</sup> other studies are required to confirm