



## Capillaritis

### What is the aim of this leaflet?

This leaflet has been written to help you understand more about capillaritis. It tells you what it is, what causes it, what can be done about it, and where you can find more information about it.

### What is capillaritis?

Capillaritis is a harmless skin condition also known as pigmented purpura. It is usually seen as reddish-brown areas of skin often on the lower legs.

### What does capillaritis look like?

Capillaritis starts off as tiny red and brown dots, that may join together to form a flat brown-red area and slowly fade with time.

### What causes capillaritis?

There is no known cause of capillaritis, although certain medications (e.g. aspirin, diuretics), venous hypertension (high pressure in the leg veins), allergy to clothing such as those where Khaki-clothing dye is used, rubber and systemic disease may play a role. Inflammation of small blood vessels (capillaries) near the skin surface, cause the small blood vessels to become leaky and red blood cells escape through the capillary walls. This results in tiny red dots (petechiae) appearing on the skin. Over time, the red colour fades and is replaced by a brown colour resulting from the deposit of the red cell pigments (haemosiderin).

### What are the different types of capillaritis?

There are different types of capillaritis these are:

- **Schamberg disease (progressive pigmented purpura)**

Schamberg is the most common type of capillaritis and tends to occur in young adults. It is not usually associated with any symptoms, but results in patches of orange-brown pigmentation with red (cayenne pepper) spots around the edge which may slowly spread over time. These areas are mostly found on the lower legs, but any part of the body may be affected.

- **Itching purpura**

This appears similar to Schamberg disease, but has a more rapid onset, is more itchy and may affect larger areas.

- **Exercise-induced capillaritis**

Following prolonged or vigorous exercise, especially during warm weather, areas of red spots may appear around the ankles. A burning sensation may be felt when new spots appear. The spots fade to brown within a few days and eventually disappear.

- **Gougerot-Blum (pigmented purpuric lichenoid dermatosis)**

This form of capillaritis is less common. The patches tend to affect the lower legs, are itchy and appear similar to eczema.

- **Lichen aureus**

Lichen aureus is a single brown-yellow patch (aureus meaning golden) that may be seen in children. It is usually persistent and may overlie a varicose vein.

- **Majocchi purpura (purpura annularis telangiectodes)**

There are dilated capillaries as well as brown patches and red (cayenne) spots. The patches gradually spread outwards.

### **Is capillaritis hereditary?**

No, this is not passed on in families.

### **What are the symptoms of capillaritis?**

Occasionally capillaritis may be itchy but usually does not cause any symptoms.

### **How can capillaritis be diagnosed?**

Capillaritis is usually diagnosed clinically. There are no specific tests for capillaritis although a blood test may be carried out to confirm the blood cells, known as platelets, are normal. Taking a skin sample (biopsy) is seldom needed.

### **Can capillaritis be cured?**

Capillaritis may resolve after a few weeks, reoccur periodically or persist for years. There is no known cure for most cases of capillaritis.

### **How can capillaritis be treated?**

Topical steroids will not clear capillaritis, but may be helpful for the itching. Compression stockings may be helpful for capillaritis affecting the lower legs.

### **Where can I get more information about capillaritis?**

Web links to detailed leaflets:

<http://www.dermnetnz.org/capillaritis>

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

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