

Between hands and feet

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CASE REPORT

A 21-year-old woman presented in the month of February with a three-day history of several violaceous, pruritic, indurated plaques on her thighs with a diameter ranging from 2 to 5 cm. Her medical history revealed chronic constipation, for which fibres had been prescribed. On examination, except for the skin changes (*figure 1*) no abnormalities were found. The patient worked as a secretary and rode horses as a hobby. Laboratory investigation showed normal values for ESR, white blood cell differentiation, serum creatinine and urinary analysis.

Figure 1 A raised violaceous plaque on the lateral thigh



A colour version of this photo quiz can be found on our website www.njmonline.nl.

WHAT IS YOUR DIAGNOSIS?

See page 453 for the answer to this photo quiz.

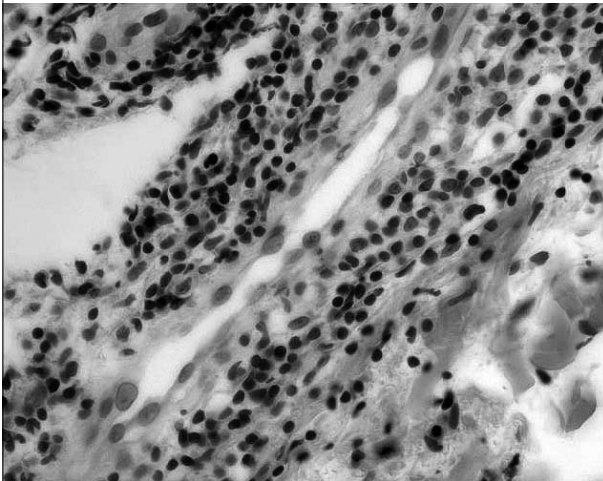
ANSWER TO PHOTO QUIZ (ON PAGE 447)

BETWEEN HANDS AND FEET

DIAGNOSIS

The typical distribution of the skin lesions in a young woman who rode horses in the winter pointed to the diagnosis of rider's pernio.¹ Pernio is well known to occur on the hands and/or feet, but other parts of the body exposed to cold can also be affected. This diagnosis was confirmed by a skin biopsy (*figure 2*), which showed slight oedema of the papillary dermis as well as perivascular mononuclear cell infiltrates in the dermis. There was also diffuse fluffy oedema of the vessel walls and swelling of vascular endothelial cells. The mononuclear infiltrate of the vascular walls is suggestive of a lymphocytic vasculitis. In the literature rider's pernio has also been nicknamed 'equestrian cold panniculitis'² and 'winter kibes in horsy women'.³ Especially young, obese, horse-riding women, who compromise the skin vascularisation of the buttocks and thighs with tight-fitting uninsulated riding pants, are affected in the winter time.⁴ The lesions appear one to three days after horse riding in the winter and subside spontaneously without scarring in several weeks, which was also the case in our patient. To prevent another episode the patient was advised to wear several layers of thick clothing instead of a pair of jodhpurs.⁵

Figure 2 Perivascular mononuclear cell infiltrate and fluffy oedema of the vessel wall with swelling of vascular endothelial cells (Haematoxylin-eosin stain: original magnification x 40)



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REFERENCES

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