

Auricular Blister – A Rare Transfusion Reaction

A 1½-yr-old boy, known case of β thalassemia major developed erythematous, mildly pruritic, non-tender blisters on both pinnae (**Fig. 1**), after packed red blood cell transfusion. These lesions persisted, even after stopping transfusion, for next two days. Aspiration of the fluid from the blisters showed predominance of eosinophils without any pus cells; fluid culture was also sterile. We treated the patient with oral cetirizine (antihistamine), and the lesions subsided after 48 hours without any residual pigmentation or scarring.

Auricular blisters may occur due to delayed type of hypersensitivity reaction in allergic and irritant contact dermatitis where in the acute phases, the skin is erythematous, edematous, and pruritic. Small papulovesicular lesions with exudation and crusting are also present. However, auricular blisters following acute transfusions have not been reported earlier. Other differential diagnoses are otohematomas (unilateral, non-pruritic and follows trauma), lymphocytoma (an infection caused by *Borellia burgdorferi* that usually occurs on ear margin or lobe and typically appears as erythematous,



FIG. 1 Auricular blister after blood transfusion.

tender swelling), and photodermatitis (erythematous, intensely pruritic, lesions following sun exposure).

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Leukocytoclastic Vasculitis after Exercise

An 11-year-old boy presented with a history of painful red-purple papules on his legs that started at six years of age. The lesions appeared after physical activity, and disappeared within a few days of rest (**Fig. 1**). Biopsy demonstrated leukocytoclastic vasculitis (papillary dermis, superficial vascular plexus and superficial reticular dermis had blood vessels surrounded by large number of neutrophils and extravasated erythrocytes. The vascular wall was infiltrated with a deposit of eosinophilic material). Direct immunofluorescence was not performed.

Exercise-induced vasculitis (EIV) may be considered an acute microcirculatory deficiency and thermoregulation decompensation with erythrocyte extravasation that occurs after episodes of prolonged muscular activity. Henoch-Schönlein purpura (HSP) is typically the first diagnosis that pediatricians make for patients whose histopathology is leukocytoclastic vasculitis. The onset of symptoms after physical activity and the histopathology



FIG. 1 Purpuric plaques on the lower extremities during an exercise-induced flare.

findings make the diagnosis of EIV as most likely. No treatment is required as EIV fades spontaneously.

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