Pigmented purpuric dermatoses (PPDs), also known as capillaritis, purpura simplex, and inflammatory purpura without vasculitis, include a spectrum of vascular diseases, usually of unclear etiology [1]. Various conditions have been mentioned under this group. These include:

- Schamberg’s disease
- Purpura annularis telangiectodes
- Pigmented purpuric lichenoid dermatitis of Gougerot and Blum
- Lichen aureus
- Eczematid-like purpura of Doucas and Kapetanakis
- Itching purpura
- Unilateral linear capillaritis
- Granulomatous pigmented purpura

PPDs share some common histopathological features such as red blood cells extravasation, hemosiderin deposition (mainly within the dermal macrophages), narrowing of small vessel lumen, endothelial edema and lymphocytic perivascular infiltrate [1].

Perl’s iron stain (also known historically as, Perls’ Prussian blue), is the classic method for demonstrating iron in tissues. The section is treated with dilute hydrochloric acid to release ferric ions from binding proteins. These ions then react with potassium ferrocyanide to produce an insoluble blue compound (the Prussian blue reaction).

Hemosiderin may be present in areas of old hemorrhage or be deposited in tissues with iron overload. Hemosiderosis refers to the state in which the stored iron does not interfere with organ function. The latter is in comparison to hemochromatosis where iron overload is associated with organ failure.

Perl’s iron stain is named after its inventor, German pathologist Max Perls (1843-1881).

PPDs occur predominantly in the lower limbs of adults, but can affect children. Some particular clinical aspects allow the division of PPD into eponymous variants.

In table 1 we listed eponymous conditions in dermatology linked to PPDs.
Table 1: Eponymous conditions in dermatology linked to pigmented purpuric dermatoses:

<table>
<thead>
<tr>
<th>Eponymous conditions linked to pigmented purpuric dermatoses</th>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td>Eczematid-like purpura of Doucas and Kapetanakis[2]</td>
<td>It is distinguished from other forms of PPD by the concomitant presence of eczematous features. Some authors have considered eczematid-like purpura of Doucas and Kapetanakis and itching purpura as a single entity. It is named for 2 Greek physicians, Christoforos Doucas (1890-1974) and Ioannis Kapetanakis (1913-1987).</td>
</tr>
<tr>
<td>Majocchi disease (Purpura annularis telangiectodes) [3]</td>
<td>It presents with nonblanchable, annular, 2 to 20 cm, symmetrical, purpuric, telangiectatic patches. It is named for Domenico Majocchi (1849–1929), [Figure 1], who was an Italian dermatologist. Majocchi, also, characterized Fungal folliculitis (known as Majocchi granuloma).</td>
</tr>
<tr>
<td>Pigmented purpuric lichenoid dermatitis of Gougerot-Blum[4]</td>
<td>In this type of PPD, the patient develops polygonal or round lichenoid purpuric papules that coalesce to form red-brown to violaceous plaques. It was characterized in 1925 by 2 French dermatologists; Paul Blum (1878-1933) and Henri Gougerot (1881-1955), [Figure 2].</td>
</tr>
<tr>
<td>Schamberg disease [5]</td>
<td>Also known as progressive pigmented purpuric dermatitis, and progressive pigmented purpura. It is characterized by non-blanchable, red-brown purpuric patches. Close inspection of the patches reveals non-palpable pinpoint petechiae. It is named for an American dermatologist, Jay Frank Schamberg (1870-1934), [Figure 3], who first described it in 1901.</td>
</tr>
</tbody>
</table>

Figure 1: Domenico Majocchi (1849–1929).

Figure 2: Henri Gougerot (1881-1955).

Figure 3: Jay Frank Schamberg (1870-1934).

REFERENCES


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