

## Bywaters Lesions: Clinical, Dermoscopic, and Histopathological Insights

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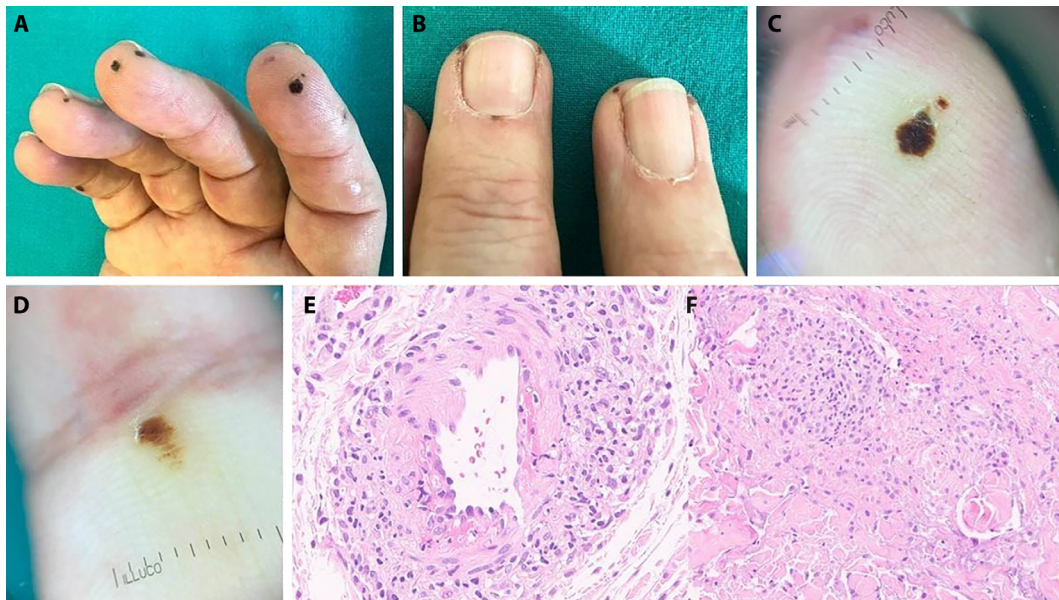
### Case Presentation

A 58-year-old female with a recent diagnosis of seropositive rheumatoid arthritis (RA) treated with methylprednisolone (8 mg/daily) presented with asymptomatic cutaneous lesions on her hands, persisting for two months. Physical examination revealed multiple brown-to-black papules on the proximal and lateral nail folds and ventral fingers, with signs of necrosis and fine desquamation (Figures 1A and B). Dermoscopy showed homogeneous structureless brown areas with well-defined borders, mild scaling, and absence of a network and vascular structures (Figures 1C and D). Histopathology demonstrated small vessel vasculitis with focal subintimal fibrinoid necrosis and a perivascular lymphohistiocytic infiltrate. Areas of collagen necrobiosis bordered by palisading histiocytes were also present, consistent with rheumatoid vasculitis (Figures 1E and F) [1]. Methylprednisolone was suspended, and therapy with etanercept 50 mg weekly and

acetylsalicylic acid 100 mg/daily was initiated. Complete resolution was observed at two months.

### Teaching Point

Bywaters lesions are a distinctive cutaneous manifestation of RA. They present as nailfold thromboses and brown-to-black papules on acral surfaces, which correspond to a small vessel lymphocytic/neutrophilic vasculitis, causing intimal obliteration and territorial infarction [2]. Bywaters lesions tend to have a favorable prognosis when occurring in isolation, without requiring specific treatment. Recognition of these lesions is clinically relevant as they do not contraindicate the initiation of biologic therapy and are likely to improve with adequate control of the underlying rheumatoid disease. In contrast, the presence of systemic vasculitis may warrant more aggressive immunosuppressive management.



**Figure 1.** Multiple brown-to-black papules on the proximal and lateral nailfolds and ventral fingers, with signs of necrosis and fine desquamation (A, B). Homogeneous structureless areas of brownish color, with well-defined borders, without a network and vascular structures, covered by a mild scaly surface (C, D). Small vessel lymphocytic vasculitis with neutrophilic infiltration around the vessel wall (H&E, 40x) (E). Collagen necrobiosis surrounded by histiocytes (H&E, 20x) (F).

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