

patients in Turkey should be created with longer follow-up and multi-center data collection.

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### Acute brucellosis presenting as leukocytoclastic vasculitis

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**Objective:** Brucellosis is a zoonotic disease caused by *Brucella* spp. bacteria that is transmitted to humans through contact with animal products and body fluids of animals. It is a multisystemic disease associated with variable clinical symptoms. Although cutaneous symptoms can rarely be encountered at presentation and during the course of the disease, the occurrence of cutaneous vasculitis is extremely rare. Here, we present a case that presented with purpuric eruptions and was diagnosed with brucellosis-induced leukocytoclastic vasculitis.

**Case report:** A 62-year-old female presented to our clinic with fatigue, tiredness, and eruptions on the anterior aspects of both legs that had persisted for two weeks. On physical examination, there were diffuse, non-palpable maculopapular eruptions on the anterior surfaces of both tibias. Detailed patient history revealed complaints of myalgia and arthralgia, lumbar pain, fatigue, and eruptions that had persisted for approximately one month. The patient was a farmer and worked in animal husbandry. Laboratory tests were as follows; hemoglobin level, 12.3 g/dL (range, 12–16 g/dL); white blood cell count,  $5.92 \times 10^9/L$  (range,  $4-10 \times 10^9/L$ ); platelet count,  $115 \times 10^9/L$  (range,  $150-400 \times 10^9/L$ ); lactate dehydrogenase, 240 IU/L (range, 120–246 IU/L); total bilirubin, 0.8 mg/dL (range, 0–1.1 mg/dL); creatinine, 1.23 mg/dL (range, 0.6–1.2 mg/dL); alanine aminotransferase, 12 U/L (range, <31 U/L); erythrocyte sedimentation rate, 86 mm/h (range, 0–15 mm/h); C-reactive protein, 26.3 mg/L (range, <5); prothrombin time (PT), normal; and activated partial thromboplastin time (aPTT), normal. HBsAg was negative, Anti-HCV was negative, Anti-HIV was negative, anti-nuclear antibody (ANA) was negative, rheumatoid factor was 19 IU/ML (range, 0–15), p-ANCA and c-ANCA were negative. Rose Bengal test performed due to clinical suspicion was positive. *Brucella* standard tube agglutination (STA) test was performed twice and was positive at a titer of 1/1280. A skin biopsy was taken from the purpuric lesions on the anterior aspect of the tibia. On histological examination; vascular structures in the dermis showed diffuse inflammation and neutrophilic and lymphocytic infiltration. On immunofluorescence examination; IgA: (-), IgM: (-), IgG: (-), C3: (-) and the results were consistent with leukocytoclastic vasculitis. Leukocytoclastic vasculitis could not be explained by medication use or infective endocarditis, and cryoglobulin tests were negative. The clinical picture was considered to be induced by acute brucellosis. The patient was started on rifampicin

(600 mg/day PO), doxycycline (100 mg PO, q 12 h) as brucellosis treatment. Vasculitic lesions showed significant improvement after two weeks of follow-up. Complete recovery was achieved with 6 weeks of antimicrobial treatment for brucellosis and *Brucella* SAT titres declined to 1:40 after the treatment.

**Conclusion:** Brucellosis is associated with a wide variety of cutaneous symptoms. Various cutaneous lesions such as maculopapular lesions, papules, petechia, purpura, and papulonodular lesions can be observed. Cutaneous symptoms encountered at presentation or during the course of the disease, particularly vasculitic eruptions, are extremely rare. Further, these eruptions can sometimes resemble subcutaneous bleeding induced by a hemostatic defect. However, in regions where brucellosis is endemic, such as Turkey, brucellosis should certainly be considered in the differential diagnosis when vasculitis is unexplained and classic brucellosis symptoms are concomitant.

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### The frequency of anemia in the elderly patient population in Van Province, Turkey. A cross-sectional study

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**Objective:** Anemia is a common health problem among elderly patients and its prevalence increases with aging. Although it used to be considered as a natural consequence of aging in the past, many current studies indicate that anemia reflects a deterioration of health status and leads to unfavorable consequences if not treated. This study aims to determine the prevalence and morphological distribution of anemia among elderly patients who presented to the hospital during a certain time period.

**Methodology:** Hemogram parameters of all patients aged 60 or older who attended our hospital for any reason between April 2018 and October 2018 was reviewed. Anemia was defined according to the criteria by the World Health Organization (WHO), as a hemoglobin level lower than 12 g/dL in females and 13 g/dL in males. Cases of anemia were classified based on the mean corpuscular volume (MCV) results of the patients as microcytic, normocytic, or macrocytic. The prevalence and morphological classification of anemia were examined with respect to age and gender.

**Results:** Of 1192 total patients, 608 (51%) were female. The majority of the patients were in the 60–70-year range, with a rate of 60.3% (718). Mean age was  $69.70 \pm 7.55$  years in females and  $69.8 \pm 7.15$  in males, with no significant difference ( $p=0.680$ ). Anemia was detected in 340 patients (28.5%) in total. The rate of anemia was 24.8% in females and 32.4% in males, and the prevalence of anemia was significantly different between genders ( $p=0.004$ ). Mean hemoglobin level was found as  $13 \pm 1.89$  g/dL in females