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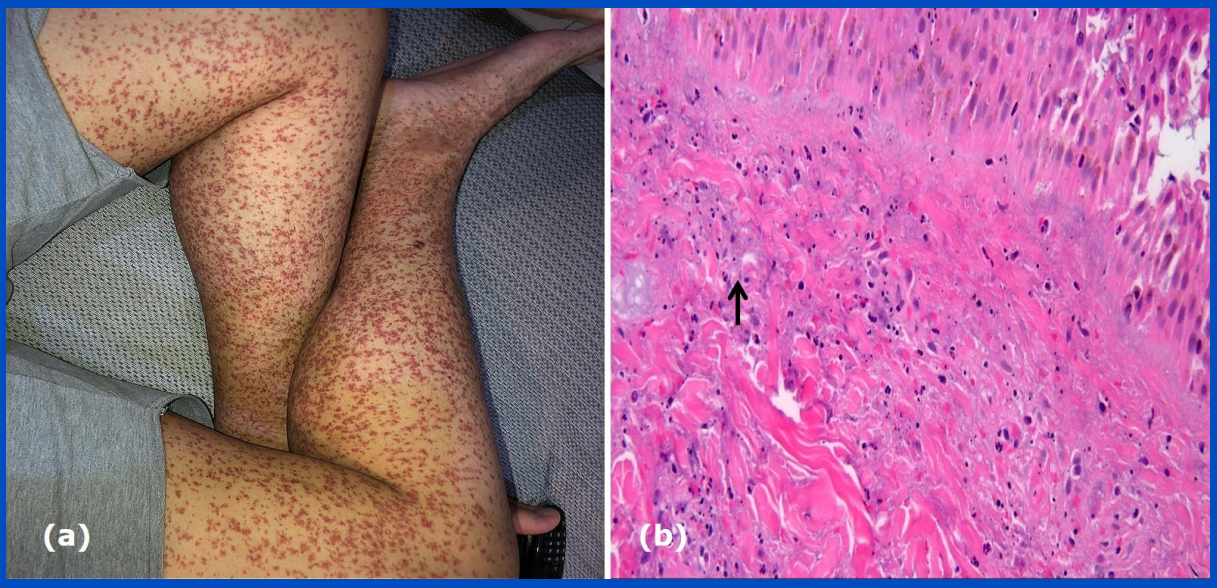

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The Brunei International Medical Journal (BIMJ) is a six monthly peer reviewed official publication of the Ministry of Health under the auspices of the Clinical Research Unit, Ministry of Health, Brunei Darussalam.

The BIMJ publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries and letters to the Editor. Topics of interest include all subjects that relate to clinical practice and research in all branches of medicine, basic and clinical including topics related to allied health care fields. The BIMJ welcomes manuscripts from contributors, but usually solicits reviews articles and special reports. Proposals for review papers can be sent to the Managing Editor directly. Please refer to the contact information of the Editorial Office.

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These include controlled trials, interventional studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, and large-scale epidemiological studies. Manuscript should include the following; introduction, materials and methods, results and conclusion. The objective should be stated clearly in the introduction. The text should not exceed 2500 words and references not more than 30.

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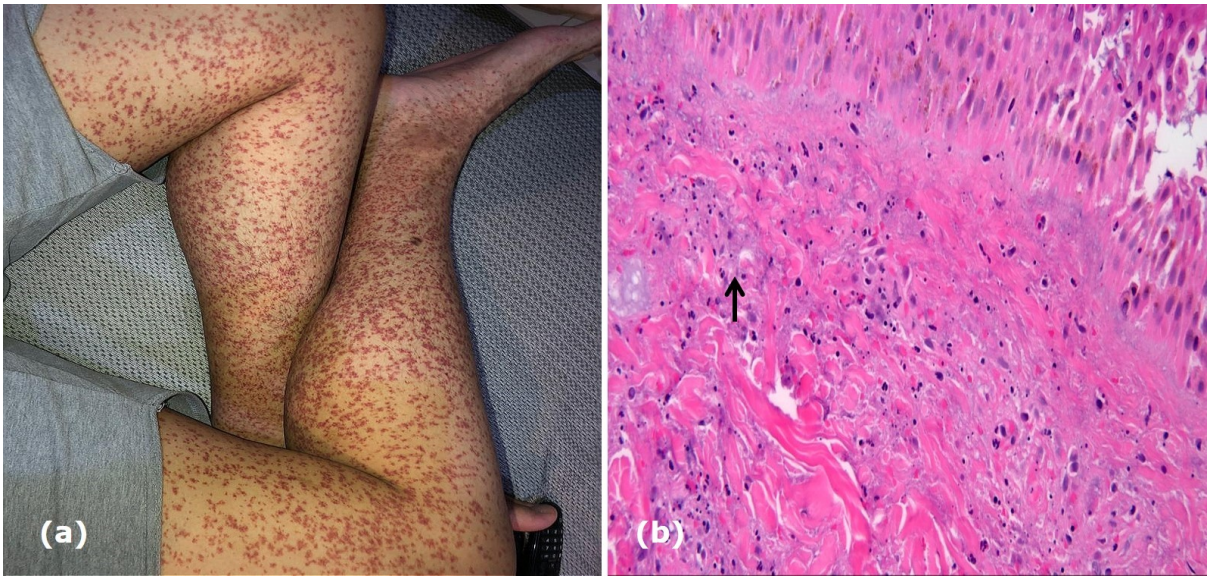

Figure 1

A 21-year-old gentleman, with underlying axial spondyloarthitis, presented with one-month history of bilateral lower extremities purpuric skin eruption. He had received four years of golimumab which his disease activity was now relatively quiescent. There was no history of fever or prior insect bites, nor consumption of any new dietary supplementation or traditional medications. Gastrointestinal and eye symptoms were also absent. He denied any constitutional symptoms. Clinical assessment revealed non-blanching purplish lesions in the skin (Figure 1a) of both legs. Skin histopathology revealed dense perivascular neutrophil infiltration with fibrinoid necrosis (Figure 1b). Immunofluorescence studies including IgA were negative. Infective screening including hepatitis B, C and HIV were negative. Cryoglobulins were negative. Both the antinuclear antibody and anti-neutrophil cytoplasmic antibodies were negative.

What is the diagnosis?

***Answer**: refer to page 78*

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