Abrupt development of nodules and erythematous and purpuric papules in lower extremities, arms, elbows, trunk, thigh and lateral abdominal wall; metacarpophalangeal joint inflammation and episodes of fever, chills and malaise.

Skin biopsy of purpuric lesions: Leukocytoclastic Vasculitis.

Alpha-1-antitrypsin Deficiency (AAT serum levels 24 mg/d, phenotype PiZZ). Treatment with colchicine 0.6 mg twice/day and oral prednisone 40 mg/day.

Multiple recurrences of cutaneous vasculitis, partially controlled with Prednisone.

Augmentation therapy with AAT: 60 mg/kg body weight (total: 5.5 grams). No other concurrent therapy was used. After the first infusion, lesions improved significantly within 2-6 hours and totally resolved within 48 hours. The patient was clear of lesions for approximately 10 days before a new eruption reappeared. Relapse was again controlled with AAT.

The patient continues to receive Prolastin (5.5 grams every 1-2 weeks), successfully controlling vasculitis.