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Wolters Kluwer

Etiology of easy bruising and characteristic signs and symptoms

Etiology	Characteristic signs and symptoms
A. Disorders of blood vessels and surrounding tissue	
Idiopathic*	Bruises typically found on upper arms and legs, more common in women
Physical abuse*	Bruises that pattern after objects, in nonmobile subjects, a history inconsistent with patient's injuries
Aging (senile purpura)*	Dark ecchymosis in aged, thin skin; typically over extensor surfaces of forearms
Glucocorticoids*	Patients at risk with long-term use (eg, polymyalgia rheumatica)
Alcohol abuse*	History of heavy alcohol intake; signs of cirrhotic liver disease
Wasting, malnutrition*	Dietary history, cachetic on examination
Hypercortisolism, Cushing's syndrome	Supraclavicular fat pads, skin atrophy, wide purplish striae, and proximal muscle weakness
Ehlers-Danlos syndrome	Hypermobility of joints; skin hyperelasticity
Pseudoxanthoma elasticum	Characteristic skin findings: 2 to 5 mm yellow to orange papules
Amyloidosis	Multiple manifestations depending on type of amyloidosis
Hereditary hemorrhagic telangiectasia	Mucocutaneous telangiectasias and gastrointestinal arteriovenous malformations
Vitamin C deficiency (scurvy)	Dietary history; dental deterioration, impaired wound healing, coiled hairs
Marfan syndrome	Tall and thin; stretch marks; pectus excavatum; mitral valve prolapse; dilated aortic root
Osteogenesis imperfecta	Short stature, multiple fractures, increased laxity of ligaments and skin
Connective tissue disease, cryoglobulinemia, or vasculitis (eg, immunoglobulin A vasculitis [Henoch-Schönlein purpura])	Systemic symptoms, presence of palpable purpura
B. Platelet abnormalities	
Drugs*	Possible temporal relationship to symptom onset
Renal disease*	Decreased glomerular filtration rate
Autoimmune disorders	Multi-system disease including joint inflammation, abnormal antibody testing
Von Willebrand disease* (VWD)	Reduced von Willebrand factor (VWF) antigen and ristocetin cofactor

Leukemia	Abnormal complete blood count, peripheral smear, and bone marrow biopsy
Lymphoid malignancy	Lymphadenopathy
May-Hegglin anomaly	Autosomal dominant trait characterized by mild bruising/bleeding
Thrombocytopenia Absent Radius (TAR) syndrome	Autosomal recessive disorder with severe thrombocytopenia and absent radii bones
Storage pool disease	Bleeding after trauma or surgery
Bernard-Soulier syndrome	Autosomal recessive disorder leading to absence of platelet glycoprotein Ib-IX-V, circulating giant platelets, immediate bleeding (not delayed bleeding as in coagulation disorders)
Glanzmann thrombasthenia	Autosomal recessive disorder leading to absence of platelet glycoprotein IIb/IIIa, circulating giant platelets; no platelet clumping on platelet aggregation studies
Gaucher disease	Autosomal recessive disorder presenting in childhood with varying symptoms depending on type 1, 2, 3a, 3b, or 3c
Wiskott-Aldrich syndrome	X-linked disorder characterized by hemorrhagic diathesis, recurrent infection, extensive eczema
Myeloproliferative disorders	Abnormal bone marrow biopsy with increased platelets and positive for JAK 2
C. Coagulation protein disorders	
Liver disease*	History of alcohol abuse, modestly-elevated liver function tests, hepatomegaly, ascites, stigmata of chronic liver disease (spider angiomata, palmar erythema, gynecomastia)
Vitamin K deficiency, warfarin therapy*	Antibiotic administration, poor nutritional status, vitamin K binding drugs (cholestyramine)
Hemophilia (factor VIII, IX, deficiency)	Males affected, family history, delayed bleeding
Circulating anticoagulant or inhibitor	Similar to hemophilia but onset is sudden and no patient or family history
Dysfibrinogenemia	Diagnosis of exclusion, identified with fibrinogen tests
Plasminogen activator deficiency or inhibitor	Delayed bleeding

* Denotes frequently seen cause.

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