

# Interhospital Dermatology Conference

## Case 5.1

A 14 year old girl from Chieng-rai.

**C/C** : Multiple tender subcutaneous nodules on both forearms for 1 year.

**P/I** : During the past 2 years intermittent fever and arthralgia of both arms and legs.

1 year PTA she developed multiple tender subcutaneous nodules both forearms. These lesions were never ulcerated but some lesions spontaneously healed with atrophic scars.

6 months PTA, multiple new lesions developed at face, trunk and extremities. She also lost 6 kgs. within the last 3 months.

**PHx** : No history of concurrent medication.

**FHx** : No one in her family has similar skin lesions.

**PE** : Afebrile, no pale, no jaundice,

no lymphadenopathy, hepatomegaly 1 fb. From right costal margin

Skin examination :

There are multiple subcutaneous tender nodules vary in size 2 - 4 cms. in diameter on both forearms, legs and trunk.

Some lesions regressed with atrophic hypopigmented scars.



Fig. 5.1.1



Fig. 5.1.2



Fig. 5.1.3



Fig. 5.1.4

### Lab investigation :

CBC : Hct 42 vol%, WBC 10,200 cells /mm<sup>3</sup> neutrophil 74% band 9% metamyelocyte 1% basophil 2% lymphocyte 12% monocyte 2%.

Platelet smear : adequate

Urine analysis : normal

ANA : negative

LFT, BUN/Cr : normal

Renal function test: normal

**Histopathology** : Slide no 41-0812 [forearm]

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Diffused infiltrate of lymphocytes, histiocytes, plasma cells admixed with a few neutrophils in the subcutaneous tissue.

Phagocytized lymphocytes within the cytoplasm of some histiocytes.

Ramathibodi Hospital  
August 14, 1998

Diagnosis : Histiocytic cytophagic panniculitis

Treatment and result :

She was referred to Chiang Mai hospital for bone marrow study and systemic chemotherapy.

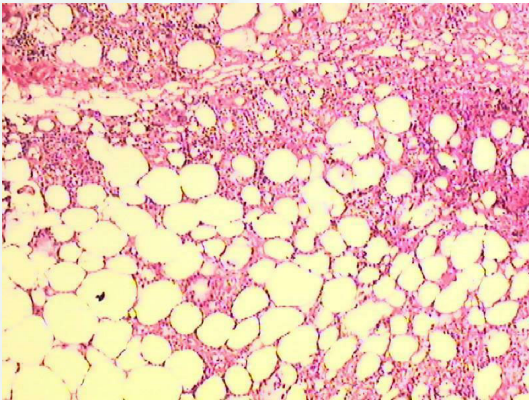


Fig. 5.1.5

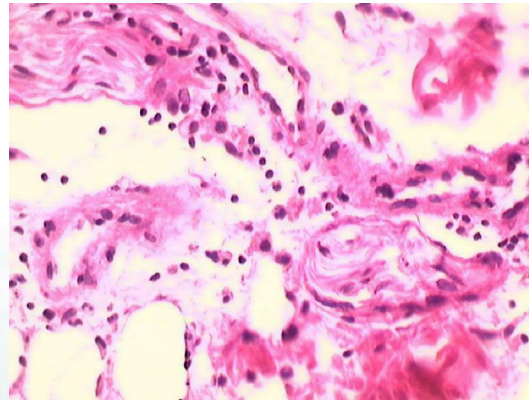


Fig. 5.1.6

Presenter : Anon Pichitlotchana, M.D.

Consultant : Natta Rajatanavin, M.D.

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## Case 5.2

A 14 year-old-boy from Bangkok.

**C/C** : Fever and subcutaneous nodules for one months.

**P/I** : He had low grade fever off and on for one month. He also developed multiple tender subcutaneous nodules on face, trunk and extremities.

3 years ago he had same type of skin lesions without fever and diagnosed as idiopathic cytophagic panniculitis. Investigation for malignancy and connective tissue disease were negative. Histopathology from nodule at left thigh showed diffuse infiltration of lymphocytes, autophagocited nuclear fragment and red blood cell.

**PHx** : No history of taking any medication.

**FHx** : No history of TB or leprosy in family.

**PE** Alert, febrile, not pale, no jaundice.

Skin erythematous indurated nodules and plaques on both cheek, forehead :bulging, multiple subcutaneous nodules. Liver and spleen not palpated Extremities multiple indurated nodules and plaques size 1-3 cms. in diameter.



Fig. 5.2.1



Fig. 5.2.2

### Lab investigation :

CBC : Hct 37.4% WBC 3,600 cells/mm<sup>3</sup> PMN 25% lymphocyte 62% monocyte 3%

Platelet smear : adequate

ESR : 27 mm/hr.

Urine analysis : normal

ANA : -ve

LFT : triglyceride level.

Bone marrow Biopsy :

Mild hypercellular marrow, lymphopenia, erythroid hyperplasia occasional hemophagocytosis.

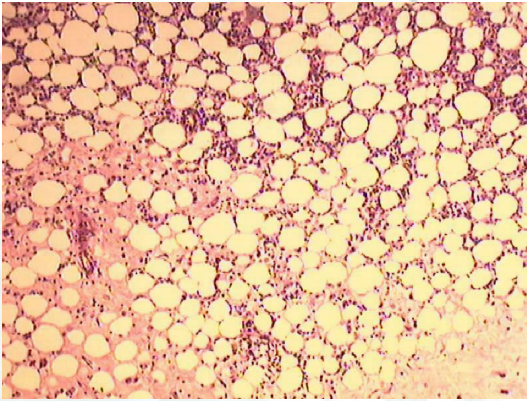


Fig. 5.2.3

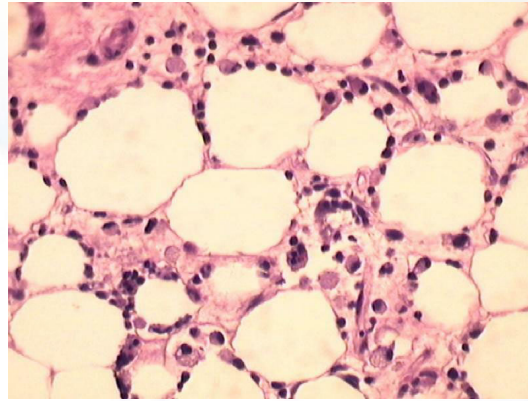


Fig. 5.2.4

**Histopathology :** Slide No.41-0994

**Diagnosis :** Histiocytic cytophagic panniculitis

Treatment and results :

Clinical was partially improved after treatment with prednisolone 1 mg/kg/day and developed multiple patchy alopecia 1 month after treatment.

**Presenter :** Anon Pichitlotchana, M.D.

**Consultant :** Amonsri Chunharus, M.D.

**Reference :**

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