Case 6

A 46 years old Thai man, from Bangkok

Chief complaint

Asymptomatic, multiple purpuric and brownish macules, plaques on his trunk, back and face for 3 years.

Present illness

He had a 3 - year history of multiple, purpuric and brownish macules and plaques. He had no other symptom.

Past history Nil.

Family history Nil.

Physical examination.

A healthy Thai man, not pale, no jaundice.

HEENT WNL

Heart&Lungs WNL

Abdomen No mass

SKIN Asymptomatic, multiple, purpuric and brownish macules and plaques on the trunk, back and face, measuring 0.5-1.5 in diameter.

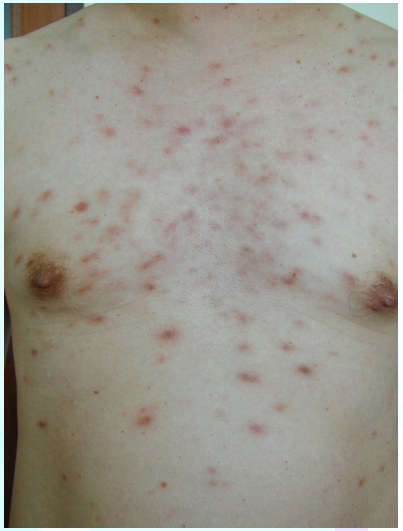

Fig 06.1

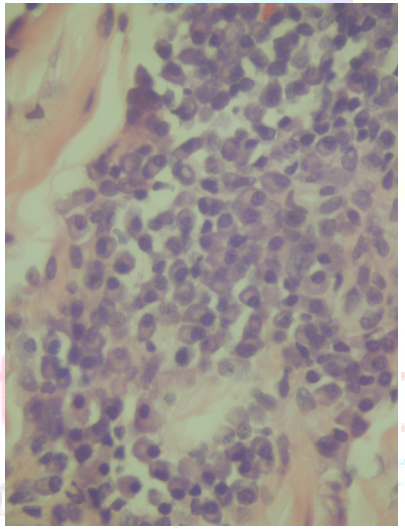

Fig 06.2

Histopathology : Slide number : S04-4928

Nodular plasma cells infiltration throughout the dermis, admixing with few lymphocytes. The plasma cells displayed no atypia.

Laboratory findings

CBC WNL

LFT BUN/Cr 11/1.1 mg/dL ALP 112 u/L SGOT 16 u/L SGPT 32 u/L GGT 50 u/L Total protein 94.2 mg/dL (64-82) Albumin 46.3 mg/dL (43-53.3)

IgG 25.6 mg/mL (6.94-16.18)

IgA 4.56 mg/mL (0.68-3.78)

IgM 1.9 mg/mL (0.6-2.63)

Diagnosis Benign cutaneous plasmacytosis

Presenter Sarawut Boonpasat

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Discussion

Benign cutaneous plasmacytosis is a rare disorder. It may appear with either solitary or multiple lesions with polyclonal hypergammaglobulinemia. More than 40 cases have been reported, mainly in Japan, which they detected a superficial lymphadenopathy in 58% and polyclonal hypergammaglobulinemia in 93%.

No cases were associated with any apparent underlying diseases.

The course was chronic without spontaneous remission. Some suggested that IL-6 may be involved in the pathogenesis of these condition due to significantly elevated serum IL-6 level in 2 patients.

Topical steroid, Systemic glucocorticoid with cyclophosphamide, have been used for treatment but without significant improvement.

Reference

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