

Caso Clínico

Nódulos Cutâneos Eritematosos em Doente Residente na África Austral: Pseudolinfoma

João Borges-Costa^{1,2}, Jorge Seixas², Luís Soares de Almeida¹, Heinz Kutzner^{1,3} 

¹Clinica Universitária de Dermatologia, Faculdade de Medicina da Universidade de Lisboa, Hospital de Santa Maria (CHULN), Lisbon, Portugal

²Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Lisbon, Portugal

³Dermatopathologie Laboratory, Friedrichschafen, Germany

RESUMO – O diagnóstico diferencial de nódulos cutâneos eritematosos persistentes em África é vasto. Os autores reportam o caso clínico de um doente Caucasiano, sexo masculino, residente em país da África Austral, que recorreu à nossa consulta por nódulos eritematosos no tronco e membros com oito meses de evolução. O diagnóstico foi pseudolinfoma B e discute-se, neste artigo, o diagnóstico diferencial desta entidade.

PALAVRAS-CHAVE – África; Doenças da Pele/diagnóstico; Mordeduras e Picadas de Insectos; Pseudolinfoma/diagnóstico.

Erythematous Skin Nodules in a Patient Living in Southern Africa: Pseudolymphoma

ABSTRACT – The differential diagnosis of long-lasting erythematous skin nodules in patients living in Africa is broad. We report a clinical case of a 65-year-old Caucasian male, living in a Southern African Country, presenting to our department with an eight-month history of erythematous skin nodules on the trunk and limbs. The diagnosis was B-pseudolymphoma and we discuss its aetiology and differential diagnosis.

KEYWORDS – Africa; Insect Bites and Stings; Pseudolymphoma/diagnosis; Skin Diseases/diagnosis.

INTRODUCTION

The differential diagnosis of long lasting erythematous skin nodules in patients living in Africa is broad and should include always infectious diseases such as leishmaniosis, syphilis, mycobacterial or subcutaneous mycosis, not forgetting inflammatory conditions such as sarcoidosis or tumours, like skin lymphoma.

CASE REPORT

We report a 65-year-old Caucasian male, living in a Southern African Country in the last 10 years in an urban area with access to clean water and sanitation, presenting to our department with an eight-month history of five erythematous nodules on the trunk and limbs, mildly pruritic, that appeared simultaneously (Fig. 1). The patient had no systemic complains, as fever, previous history of skin disease



Figure 1 - Erythematous nodules, some with crusts and central depression, on the lower back of the patient.

Correspondência: João Borges da Costa

Clinica Universitária de Dermatologia

Avenida Prof. Egas Moniz

1649-028 Lisboa, Portugal

E-mail: joaobc77@hotmail.com

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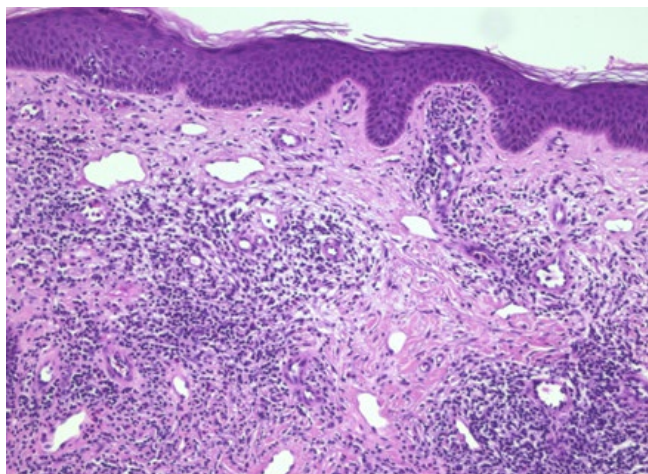


Figure 2 - Nodular infiltrate constituted mostly by lymphocytes within the dermis, (H&E x100).

and denied new drugs, arthropod bites or similar lesions in family members. Lymph nodes were not palpable. Before attending our clinic, he did several imaging studies and blood workouts, all normal with negative serology for most infections, such as syphilis and HIV. He had been medicated in the previous months with topical steroids, oral antibiotics, such as doxycycline and amoxicillin, and antifungals, without response.

A nodule of the lower trunk was excised, and mycobacterial and mycological cultures were performed along with histologic examination. Cultures were negative as well as molecular biology tests for *Leishmania*, *Rickettsia* and other infectious agents. Histopathology showed a reactive B-pseudolymphoma-like infiltrate (Fig. 2), consistent with a persistent bite reaction (Figs 3-5). TCR-PCR did not yield clonal rearrangements.

The patient underwent one session of intralesional betamethasone dipropionate, with clinical remission (Fig. 6). No recurrences were observed after six-months follow-up.

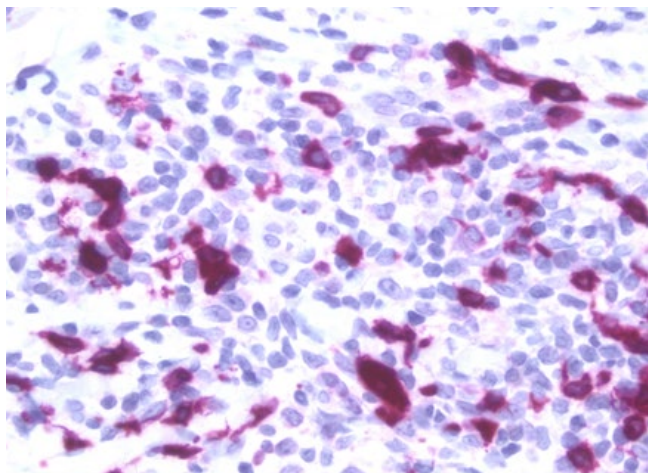


Figure 3 - Foci of CD79a+ B-cells on immunophenotyping (x400).

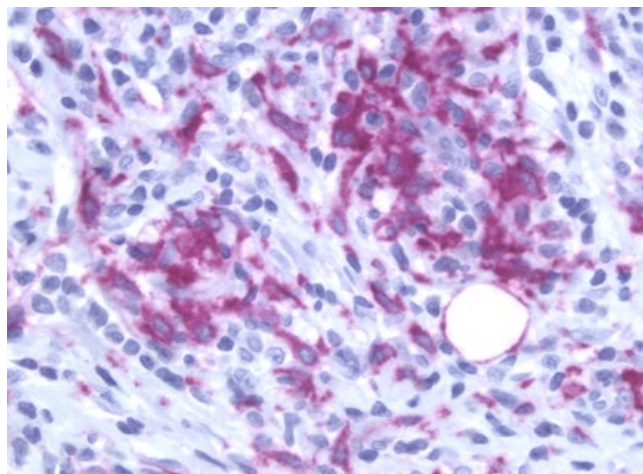


Figure 4 - Starry-sky pattern of interspersed CD163+ histiocytes (x400).

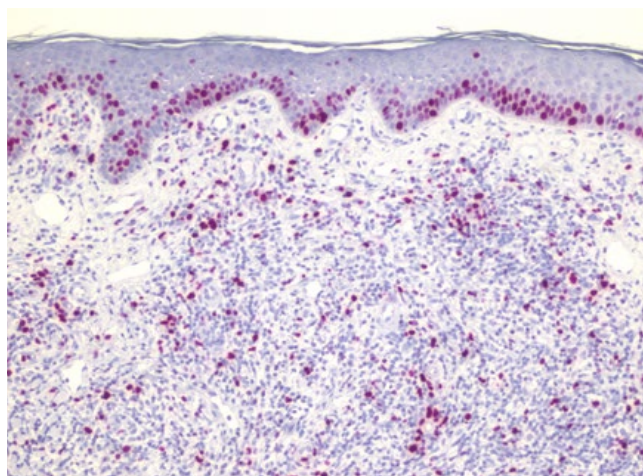


Figure 5 - Moderate proliferative activity (Ki67) (x100).



Figure 6 - Regression of a nodule on the right calf with a central depression after intralesional therapy with corticosteroids.

CONCLUSION

Cutaneous pseudolymphomas are reactive lymphoid proliferations that mimic B and T cell cutaneous lymphomas.^{1,2} Clinicopathological correlation is therefore essential for the correct diagnosis³ with molecular biology techniques and immunochemistry being also helpful.

Arthropod bite reactions,⁴ most probably inducing a delayed hypersensitivity reaction, are described in the literature as triggers for cutaneous pseudolymphoma, with most cases associated with scabies or *Borrelia* infections.⁵ Pseudolymphoma, therefore, should not be forgotten in the differential diagnosis of persistent skin nodules.

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 ORCID

João Borges da Costa

<https://orcid.org/0000-0001-8903-209X>

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