

ERYTHEMA ANNULARE CENTRIFUGUM

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A 45-year-old female presented with recurrent eruption of polycyclic erythematous lesion for nearly 2 years. During this period of observation no cause could be determined. Biopsy report was consistent with diagnosis of erythema annulare centrifugum.

Key Word: Erythema annulare centrifugum

Introduction

In erythema annulare centrifugum one observes one or more annular or serpiginous lesions with a red, raised, firm border that in the course of few weeks extends peripherally. The process may go on for years, with new lesions appearing successively.¹ Individual lesion lasts for a few days, more often a few weeks or slowly extends for a few months.² In the majority of cases, a specific aetiology is not uncovered.³

Case Report

A 45-year-old Hindu female presented with the history of recurrent eruption of polycyclic, erythematous, sometimes bizarre, ringed lesions for last 3 months. The lesions were confined to buttocks, thighs and lower legs. Some lesions continued spreading for 3 to 4 weeks reaching big size. Some lesions disappeared within a week. The edge could be easily palpable in most of the lesions. There was no systemic symptom. Patient was healthy.

The patient was followed for more than 1½ years. The lesions appeared throughout the year, though the lesions were much more

in number during the months of June to September. At that time, upto 7 lesions were seen. Though lesions were self-limiting in nature, topical steroid application helped early clearance of the lesions. Repeated examinations for fungal scraping were negative. Slit skin smear for acid fast bacilli was also negative on more than one occasions. Routine examinations of blood, urine and stool were within normal limits. Blood VDRL was also negative. Anti-nuclear factor (ANF) was also not present in blood.

Biopsy was done from the edge of the lesion. Histopathology revealed mononuclear cells, largely lymphocytes around blood vessels with minimal epidermal changes (Figs.1,2). This was consistent with the diagnosis of erythema annulare centrifugum.

Discussion

Erythema annulare centrifugum runs a chronic course. In the majority of cases, the aetiology remains obscure. Likely causes are fungal infections of the feet, candida infection, ascaris infestation, carcinoma, blood dyscrasias, drug sensitivity, dysproteinaemia and immunological disturbances.²

In our case no cause could be found during 1½ years of observation. During this period our patient did not loose weight. There was no major illness during this period. Though histological changes made secondary

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Fig. 1. Histopathology (H&E x 50).

syphilis a close possibility but duration of the illness for nearly 2 years with negative VDRL report excluded secondary syphilis.

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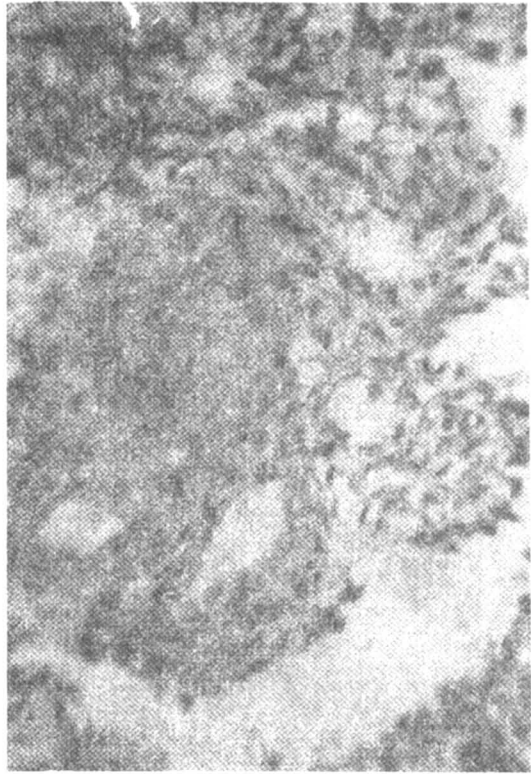


Fig. 2. Histopathology (H&E x 250).

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