

## WHAT IS YOUR DIAGNOSIS ?

Forty year old female presented with history of recurrent episodes of swellings on the arms and face since one year. The lesions were painless and there were no constitutional symptoms. Few of the lesions on her arms had broken down discharging colorless liquid. These lesions subsequently used to heal leaving small scars.

Examination revealed multiple small non-tender swellings of 1/2-1 cm size on forehead, chin and lower jaw. There were several depressed scars on extensor aspects of both arms. Systemic examination showed a hepatomegaly of 4 cms below right costal margin in the mid-clavicular line.

Investigations revealed an ESR of 87 mm, normal blood sugars and a negative VDRL test.

Skin biopsy from one of the nodules showed an infiltrate of histiocytes and foamy macrophages with lymphocytes, plasma cells and neutrophils in the deep dermis and subcutaneous tissue. No giant cells were seen and vasculitis was not present.



### Differential diagnosis

1. Weber-Christian disease
2. Erythema nodosum
3. Cysticercosis
4. Multiple epidermal cysts

**Discussion :**

Although erythema nodosum presents with recurrent cutaneous swellings, absence of other symptoms and signs usually associated with the erythema nodosum complex was not present in this case. Further erythema nodosum lesions confined to face and arms are not common.

Cysticercosis presents with multiple painless swellings but these do not break down or leave scars.

Multiple epidermal cysts also do not tend to break down or result in scars.

The clinical diagnosis was thus consistent with Weber Christian disease excepting for the painless nature of the lesions. The clinical presentation being not typical of any of the above mentioned conditions, a biopsy was done. This showed cellular histology suggestive of Weber Christian disease.

Final diagnosis : Weber Christian disease

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**TRUE**

An extract prepared from 200 adult female scabies mites was used for prick and intracutaneous testing in twelve patients with previous scabies infestation, as well as in six healthy controls and three persons with skin sensitivity to DERMATO PHAGOIDES PTERONYSSINUS who had never had scabies before. Seven individuals who had had scabies less than a year prior to the testing had positive intracutaneous (immediate type) reactions, whereas all the five who had had scabies more than a year before had negative reactions. The prick tests were negative in all cases. No skin reactions could be evoked in the controls. The passive transfer, or Prausnitz-Kustner, test was positive with the scabies mite extract and serum from three of five patients tested on one healthy individual and with both of two sera tested on a second healthy individual. These findings indicate that immediate type hypersensitivity reactions may occur with scabies infection.