

DEEP VARIANT OF ERYTHEMA ANNULARE CENTRIFUGUM

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A 29-year-old woman came to our outpatient clinic with a several-month history of itchy red lesions over her trunk. There was no family history and past history of any other diseases or medication. Dermatological examination revealed annular and oval-shaped plaques up to several cm's in size, one of which was polycyclic in configuration, on back of the patient (Fig. 1). It was also noticed that lesions had erythematous indurated borders with paler central areas (Fig. 1). In addition there was an erythematous, firm, solitary papule with prominent pallor on the centrum of one of the large plaques which was

situated on the right posterior thoracic area (Fig. 2). A lesional skin biopsy demonstrated superficial and deep perivascular 'sleeve-like' lymphohistiocytic infiltrate (Figs 3, 4). Laboratory investigations including complete blood count and differential, erythrocyte sedimentation rate, serum chemistry profile, urinalysis, thyroid panel, chest X-ray, antinuclear antibodies, antibodies against borrelia, cultures for fungi, purified protein derivative test, screening for anti-HIV were within normal limits and malignancy workup was negative.



Figure 1. Erythematous oval, annular and polycyclic plaques with central paling on back of the patient.



Figure 2. Two oval-shaped plaques with their long axes parallel to Langer's cleavage lines on right posterior thoracic area and apparent central fading especially on the inferior lesion with centric solitary papule.

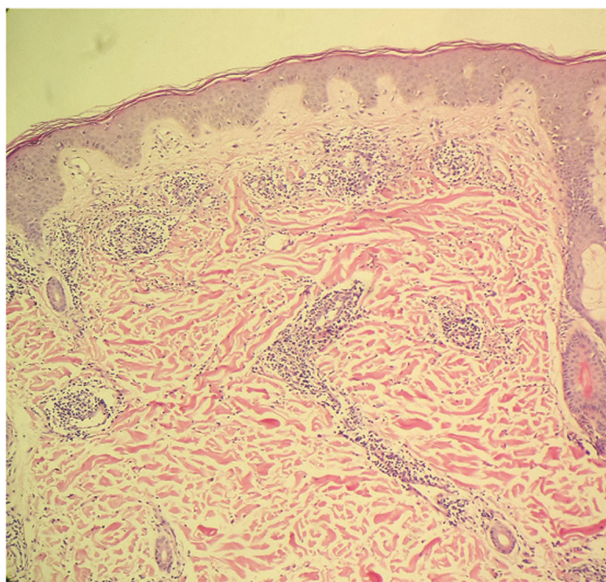


Figure 2. Superficial and deep perivascular mononuclear cell infiltrate. (H&Ex100)

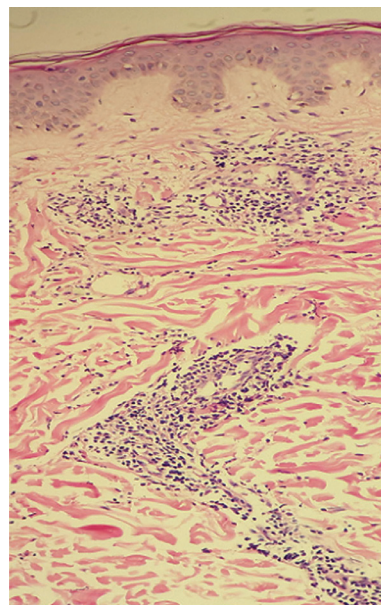


Figure 2. 'Coat sleeve-like' lymphocytic infiltrate around superficial and deep blood vessels. (H&Ex200)

Discussion

Erythema annulare centrifugum (EAC) is a type of gyrate erythema which is considered as a reaction pattern of several underlying etiologic factors [1-4]. Originally described by Darier [5], EAC essentially represents annular, indurated, erythematous lesions [3]. However after Darier's original description, EAC has been divided into two clinical subtypes, superficial and deep variants. While superficial type is typically characterized by scaly, slightly elevated erythematous lesions, deep variant is recognized as nonscaly, apparently elevated plaques with indurated borders. Analogous to deep variant's firm, indurated border, the scale of superficial type is typical and known as peripheral trailing scale, since initial lesions gradually enlarge leaving a peripheral ridge of scale that typically trails behind the advancing edge of erythema. Indeed, EAC consistently begins as a small, firm papule slowly expanding into annular, polycyclic lesions with central clearing. As the lesions extend centrifugally, the innermost area flattens and fades [1-4,6]. The underlying etiologies can rarely be established and EAC generally runs a chronic and recurrent course without evidence of significant response to treatment [1,2].

REFERENCES

1. Weyers W, Diaz-Cascado C, Weyers I. Erythema annulare centrifugum: results of a clinicopathologic study of 73 patients. *Am J Dermatopathol*. 2003;25:451-62.
2. Cox NH, Coulson IH. Systemic Disease and the Skin. In: Burns T, Breathnach S, Cox N, Griffiths C, eds. *Rook's Textbook of Dermatology*. 8 th ed. Oxford: Wiley—Blackwell; 2010. p.62.110-112.
3. Bressler GS, Jones RE Jr. Erythema annulare centrifugum. *J Am Acad Dermatol*. 1981;4:597-602.
4. Ziemer M, Eisendle K, Zelger B. New concepts on erythema annulare centrifugum: a clinical reaction pattern that does not represent a specific clinicopathological entity. *Br J Dermatol*. 2009;160:119-26.
5. Darier J. De l'erytheme annulaire centrifuge. *Ann Dermatol Syphilol*. 1916;6:57-76.
6. Nayak SU, Shenoj SD, Prabhu SM. Erythema annulare centrifugum: deep variant with vasculitis like histopathology. *Indian J Dermatol*. 2013;58:329.