INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

OFUJI PAPULOERYTHRODERMA REVEALING A LANGERHANS CELL HISTIOCYTOSIS INVOLVING LYMPH NODES.

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Background: Ofuji Papuloerythroderma is a rare entity. Its origin is most often paraneoplasic: visceral neoplasias and blood diseases are the most frequently found. We report a case of Ofuji papuloerythroderma revealing langerhans cell histiocytosis involving the sinus.

Observation: We report the case of a 48-year-old man who presented a pruriginous papuloerythroderma, respecting skin folds, having progressed for 8 years in a context of deterioration of the general state, associated with bilateral inguinal lymphadenopathies. The patient had already had several skin biopsies that were inconclusive. The biological assessment revealed an inflammatory syndrome and an hyper-eosinophilia. Cutaneous biopsy revealed subacute dermatitis with dense lymphoid infiltrate. Lymph node biopsy confirmed the diagnosis of Langerhans cell histiocytosis. The extension assessment was normal except bilateral inguinal and external iliac lymphadenopathy, concluding to isolated lymph node involvement by Langerhans cell histiocytosis, revealed by an Ofuji Papuloerythroderma. The patient received chemotherapy by vinblastine and corticosteroids with very good clinical progress.

Key messages: Ofuji papuloerythroderma is rare, most often paraneoplastic and needs a very thorough etiological assessment to determine the underlying etiology. Isolated lymph node involvement by Langerhans cell histiocytosis is rarely described in the literature, the lymph nodes are more often located in the drainage area of a cutaneous or bone lesion. The association of Ofuji papuloerythroderma and lymph node langerhans cell histocytosis is exceptionnal.