ATOPIC ECZEMA/DERMATITIS

EXUDATIVE DISCOID AND LICHENOID CHRONIC DERMATOSIS, AN UNCOMMON EXUBERANT VARIANT OF ATOPIC DERMATITIS. REPORT OF SEVEN CASES AND REVIEW OF THE LITERATURE.

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Background: Atopic dermatitis (AD) is the prototypic eczematous dermatosis. It is characterized by intense pruritus and an eczematous rash that begins as papules and vesicles, progressing to weeping and oozing plaques that often become lichenified.

Objective: To describe a rare but very distinctive variant of atopic dermatitis, its clinical and histological findings and refractoriness to conventional therapies

Matherial and methods: A retrospective chart review was performed. Data was recorded based on distribution, symmetry, shape and surface changes of the lesions; as well as, surrounding erythema and satellite lesions.

Results: Nine cases were identified. There was only one adult. All the patients had a history of classic AD. The mean duration of the symptoms was 1 year and 7 months. All cases were associated with severe pruritus, hypereosinophilia ($\bar{x}$= 6,000) and high IgE levels ($\bar{x}$=18,885 IU). The lesions were symmetric, involving primarily the extremities, abdomen and gluteus. These were oval-to-round, some polygonal, with an exudative and sometimes lichenified surface. Vegetating lesions were seen over elbows and knees in 42% of the cases. Histological examination was performed in four cases; with a diagnosis of psoriasiform and spongiotic dermatitis with eosinophils in three , and of an intraepidermal vesicular dermatitis with psoriasiform hyperplasia and eosinophils in one. All patients were treated at some point with emollients, topical glucocorticoids, oral antihistamines and phototherapy without significant improvement. Systemic therapy with oral corticosteroids was used in 6 patients showing mild and moderate improvement in one patient respectively. One patient was succesfully treated with azathioprine.

Conslusion: These cases represent a rare but unique “exudative discoid and lichenoid” presentation of AD that involve the distal extremities sparing the flexural folds, assocaited to peripheral eosinophilia and high levels of IgE. These patients require aggressive and prolongued treatment modalities with high doses of sedating antihistamines and systemic immunosuppression.