DERMATOPATHOLOGY

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Background: A 56 year old Caucasian female was referred by the Breast surgical team, following core biopsy of a right breast lesion picked up on breast screening - histologically in keeping with chronic fibrosing vasculitis. Physical examination revealed a solitary 2 by 3cm irregular brown nodule, on the right outer upper arm. Patient reported it to be longstanding, slowly growing over several years and asymptomatic. She had no significant past medical history. Routine blood tests, autoimmune and blood borne virus screen were negative. An excisional biopsy was performed.

Observation: Histology demonstrated variable acanthosis and follicular plugging. The dermis displayed a nodular lesion composed of spindle shaped cells, which exhibited vague storiform pattern. Perivascular neutrophilic and eosinophilic infiltrate and debris were noted. Histologically in keeping with a diagnosis of Erythema elevatum diutinum.

Key Message: Erythema elevatum diutinum (EED) is considered a rare, chronic cutaneous vasculitis. EED can occur at any age with no racial predilection, but most commonly affects patients in their fourth and sixth decade. Clinically typical lesions are erythematous, yellow-brown, papules and nodules, most commonly affecting the extensor surfaces of the extremities. It has many histological mimics and is often associated with a variety of underlying systemic diseases; including HIV and haematological abnormalities (primarily IgA gammopathies). The differential diagnosis of EED includes Sweet's syndrome, Pyoderma gangrenosum, Granuloma annulare, Kaposi's sarcoma and Bacillary angiomatosis. Taking into account the chronicity of EED, the potential for misdiagnosis and possible underlying systemic diseases, the importance of correct diagnosis is paramount thus allowing appropriate screening and adequate treatment regimes that can be targeted to underlying systemic disease if needed. Present literature suggests that Dapsone remains the mainstay of treatment for cutaneous lesions, although when underlying systemic disease is present, management and prognosis of the systemic disease dictates the course of EED.