



DERMOSCOPY AND SKIN IMAGING

## DERMOSCOPIC OBSERVATIONS IN BACILLARY ANGIOMATOSIS

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**Background:** Bacillary angiomatosis is a disease caused by *Bartonella henselae* or *Bartonella quintana*. It most commonly manifests as red-purplish skin plaques or nodules which may be associated with internal organs involvement. It is usually observed in patients with HIV or HBV infection, in the course of leukemia or during chemotherapy, but occasionally affects also immunocompetent individuals. To our knowledge there are no previous reports on dermoscopic observations in bacillary angiomatosis.

**Observation:** A 65-year old woman with the diagnosis of chronic lymphocytic leukemia and chronic hepatitis B, was consulted in dermatology outpatient clinic due to numerous, disseminated, purplish nodules that had appeared during treatment with ibrutinib. The patient was previously empirically treated with doxycycline (100 mg, twice daily for 11 days) with partial improvement, but after cessation of the drug the progression was observed and elevated body temperature was noted. Ibrutinib treatment was discontinued. Dermoscopically the nodules presented the pattern of large arborizing vessels (not crossing the central portion of the lesion) on the white-pinkish background with brownish peripheral rim. Histopathological examination confirmed the diagnosis of bacillary angiomatosis. Treatment with clarithromycin was recommended, but after 14 days of treatment lesions become ulcerated and fever reoccurred. After a consultation with infectious disease specialist doxycycline treatment (100 mg, twice daily for 6 weeks) was recommended, leading to complete resolution of the symptoms.

**Key message:** The role of dermoscopy in the diagnosis of bacillary angiomatosis demands further studies. It seems that it could be helpful in clinical differentiation between bacillary angiomatosis and its two main mimickers - Kaposi sarcoma and pyogenic granuloma - which present different dermoscopic features.

