



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

## **ERYTHEMA ANNULARE CENTRIFUGUM SUPERFICIAL TYPE THAT SUCCESSFULLY TREATED WITH COMBINATION OF ULTRAVIOLET B NARROW BAND PHOTOTHERAPY AND TOPICAL CALCIPOTRIOL**

*Eva Sutedja<sup>(1)</sup> - Unwati Sugiri<sup>(1)</sup> - Rachel Rahardjo<sup>(1)</sup>*

*Universitas Padjadjaran, Hasan Sadikin Hospital/universitas Padjadjaran/department Of Dermatology And Venereology, Bandung, Indonesia<sup>(1)</sup>*

Background: Figurate erythema are characterized by lesions that annular or polycyclic in configuration. There are four “classic” figurate erythemas: erythema annulare centrifugum (EAC), erythema marginatum (rheumaticum), erythema chronicum migrans, and erythema gyratum repens. It has been associated with infection, drugs, stress, neoplasm, autoimmune, and endocrine disease. The treatment is only symptomatic relief and the goal is to identify and treat any underlying condition. The objective of this report is to evaluate the effectiveness of ultraviolet B narrow band phototherapy (NB-UVB) and topical calcipotriol combination for recurrence and resistant erythema annulare centrifugum (EAC) superficial type.

Observation: A 67-year-old man presented with polycyclic, annular plaque and trailing scales. The skin lesions first appeared six months prior to consultation. There were history of caries. He was given topical and oral corticosteroids, but no improvement was seen. Skin biopsy taken from the edge of the lesions showed dense very tight perivascular lymphocytic infiltrate with a tightly cuffed ‘coat-sleeve-like’ pattern in upper dermis, parakeratosis, and spongiosis. This results confirm the diagnosis of EAC superficial type. Afterwards, the patient was treated with combination NB-UVB, topical calcipotriol, and consulted to oral and dental department. The phototherapy was given 15 series, three times a week. According to Fitzpatrick skin type, the initial dose was 330 mJ/cm<sup>2</sup>. The dosage was increased 20% in each series until reach maximum dose 700 mJ/cm<sup>2</sup>. Topical calcipotriol was given once daily on skin lesions. Clinical improvement were seen on second week as the pruritic skin lesions decreased. After five weeks of treatment, the skin lesions had cleared nearly completely without any side effects.

Key message: The combination of NB-UVB and topical calcipotriol was effective, provide good responses, no side effects, and have long-term remissions.

