ABSTRACT BOOK ABSTRACTS



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MEDICAL THERAPIES AND PHARMACOLOGY

SUCCESSFUL TREATMENT OF MULTINUCLEATE CELL ANGIOHISTIOCYTOMA IN AN ADULT MALE PATIENT WITH INTRALESIONAL CORTICOSTEROID AND KTP LASER

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Background: Multinucleate cell angiohistiocytoma (MCA) is a rare, benign, idiopathic, vascular and fibrohistiocytic proliferation characterized by strong female-predominance and predilection for the extremities. Most often asymptomatic, this condition follows an indolent, yet progressive course, with spontaneous remission being uncommon. There are no standard first-line therapies. Treatments with varying success include surgical excision, cryotherapy, laser (argon; carbon dioxide; pulsed dye), and intense pulsed light. We present a case of MCA treated with a novel combination of intralesional corticosteroid (ILC) injections and potassium-titanyl-phosphate (KTP) laser.

Observation: A 67-year-old male presented with one-year history of multiple, discrete, wellcircumscribed, smooth, somewhat flat-topped, erythematous to violaceous papules on his bilateral dorsal hands. Past medical history was significant for gout, hypothyroidism, hypertension, and dyslipidemia. Skin biopsy revealed an increased number of vascular channels and large angulated multinucleate cells in the upper and mid dermis, consistent with a diagnosis of MCA. The patient requested treatment for cosmetic purposes. Initial treatment with ICS injections (0.5 mL of 10 mg/mL triamcinolone acetonide) did not provide significant benefit. An additional two sessions, each 8 weeks apart, of ILC injections (0.3 mL of 5.0 mg/mL triamcinolone acetonide) combined with KTP laser (wavelength: 585-nm; fluence: 12.0 J/cm2; spot size: 5.0 mm; pulse duration: 15 ms) resulted in near complete clearance with improvement in both induration and discoloration.

Key Message: This report highlights a rare case of MCA in an adult male patient successfully treated with ICS injections and KTP laser. This combination approach can be added to the therapeutic armamentarium for MCA, which is often treatment-refractory.





