PAEDIATRIC DERMATOLOGY

BENIGN CEPHALIC HISTIOCYTOSIS (CASE REPORT)

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Benign cephalic histiocytic (BCH) is a rare, benign non-Langherans histiocytic disorder of infants and young children, and was first described by Gianotti et al. in 1971. It is characterized by asymptomatic eruptions of slightly raised, round or oval, orange-red, or red-brown papules distributed mainly on the head, face, neck, and shoulders of infants and young children, which shows spontaneous regression with time.
Here, we describe a 10-month-old female patient that had clinicopathologic findings consistent with the diagnosis of BCH.

Case report: A 11-month-old female patient visited our clinic with the complaint of small papules and plaques, which were first
observed since the age of 4 months. The number of papules gradually increased over the following weeks and spread to her trunk; mainly her back. She had no significant medical history and had normally reached all of her developmental milestones. Clinical examination at the time of presentation demonstrated multiple, scattered yellow-red macules, papules and plaques that were 2 to 6 mm over the face and back .
In the routine blood test, the hematologic and biochemical results were normal. Serum lipid screening (cholesterol, triglycerides, High-density lipoprotein (HDL) and low-density lipoprotein (LDL)-cholesterol), IgA, IgG, IgM, serum protein electrophoresis and syphilis serology were all normal or negative. An upper abdominal ultrasonography was interpreted to be normal.
Histological examination of the biopsy specimen taken from a lesion on the back showed a normal epidermis and sufficient proliferation of large, pleomorphic epitheliod histiocytic cells with large cytoplasm within the upper- and mid-dermis without epidermotropism. Mitotic figures, multinucleated giant cells and cytoplasmic lipids were absent. There was an interstitial infiltration of moderate numbers of lymphocytes and scattered eosinophils. In the immunohistochemistry analysis, the cells were stained positive for CD68 and vimentin, but negative for the S100 protein and CD1a.