PAEDIATRIC DERMATOLOGY

MOLLUSCUM CONTAGIOSUM-LIKE PRESENTATION OF LANGERHANS CELL HISTIOCYTOSIS: A CASE REPORT

M Moura Campos Filho [(1)] - S Hélène [(1)] - R Lellis [(2)] - C Contin [(1)] - S Soutto Mayor [(1)]

Santa Casa De Misericordia De Sao Paulo, Dermatology, Sao Paulo, Brazil [(1)] - Santa Casa De Misericordia De Sao Paulo, Pathology, Sao Paulo, Brazil [(2)]

Background: Langerhans cell histiocytosis (LCH) is a neoplastic disorder characterized by accumulation of Langerhans-like cells in one or various organs. LCH often presents with skin manifestations in children and it has been estimated that 30 to 80% of patients who develop multi-system disease have cutaneous findings. Typical cutaneous LCH resembles seborrheic dermatitis, with scaly and erythematous papules and plaques, but there are other more clinical forms that are rare. LCH skin involvement mimicking molluscum contagiosum (MC) is exceptional, and only seven cases have been described previously.

Observation: We present a 3-year-old boy, who was admitted to our hospital for evaluation of liver disease with jaundice, prolonged prothrombin time and a 5-month history of papules on the face, spreading over the trunk and limbs. His mother reported previous similar skin lesions at age of 1 year, which had healed spontaneously, leaving multiples scars. Physical examination revealed multiples 1 to 4-mm erythematous papules, some of them with central umbilication and some with central crust on the scalp, cheeks, trunk and limbs. The oral mucosa, palms, and soles were spared, and there was no evidence of lymphadenopathy. A skin punch biopsy was performed and showed a diffuse atypical cell infiltration with a positive staining for s100 and CD1a, Patient was submitted to chemotherapy and topical treatment with complete regression of lesions.

Key message: Even though it is a rare presentation, it is essential to know that LCH has different clinical presentations as multi-system involvement present as well cutaneous lesions that are often the first manifestation of this life-threatening condition. LCH should be included in the differential diagnosis of MC, especially in children with scalp or oral involvement and in those out of age group.