SKIN CANCER (OTHER THAN MELANOMA)

CLINICAL PROFILE OF LANGERHANS CELL HISTIOCYTOSIS AT A TERTIARY CARE CHILDREN HOSPITAL: STUDY OF 126 CASES

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Introduction: Langerhans cell histiocytosis (LCH), a clonal proliferation of langerhans cells is clinically characterized by spontaneously resolving lesions to a progressive multisystem disorder with life threatening complications. Diagnosing LCH in children is challenging as it mimics various skin disorders like seborrheic dermatitis.

Objective: To study the varied clinical presentations of LCH and their follow up in children presenting at a tertiary care children hospital.

Materials and Methods: The authors performed a prospective study of all cases diagnosed with LCH in the last 26 years presenting at department of pediatric dermatology at a tertiary care children hospital. A complete history, physical examination and laboratory evaluation was done in all cases. Skin biopsy for histopathology and immunohistochemistry (CD1a, S-100) was done and confirmed. All the demographic and clinical details were recorded on a predesigned proforma.

Results: A total of 126 children diagnosed with LCH were included in the study. There were 55 boys and 71 girls. The age of presentation ranged from 5 months to 12 years. There were 86 cases limited only to skin, and 40 children with multisystem involvement. Most common systemic involvement was immunodeficiency and recurrent pneumonia. All these children were followed up to 10 years. After 2 to 5 years skin involvement to systemic involvement was seen in 24 children. In 66 children lesions cleared by 2 to 4 years. Complete remission was seen in 49 children in 3 to 7 years.

Conclusions: High index of suspicion is necessary for diagnosis of LCH as it has a diverse presentation. Skin involvement gives a clue to diagnose LCH in children. In our study only skin involvement was more common than multisystem involvement in children.
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