SKIN CANCER (OTHER THAN MELANOMA)

CUTANEOUS LANGERHANSIAN HISTIOCYTOSIS

Safa Idoudi [1] - Marouen Ben Kahla [2] - Lobna Boussoffara [2] - Rima Gammoudi [2] - Sana Mokni [2] - Amina Aounallah [2] - Colondane Belajouza [2] - Mohamed Denguezli [2] - Rafiaa Nouira [2]

Farhat Hached Hospital, Dermatology, Mahdia, Tunisia [1] - Farhat Hached Hospital, Dermatology, Sousse, Tunisia [2]

Introduction: Langerhansian histiocytosis (LH) is a rare disease due to the proliferation of histiocytic cells in the skin and / or other organs.

Objective: Our goal is to describe the clinical and evolutionary features of langerhansian histiocytosis in the Tunisian center.

Materials and methods: We conducted a single-center descriptive study of all cases of LH admitted to the Dermatology Department of Farhat Hached Hospital from January 2010 to aout 2018.

Results: Only 3 cases were selected: A 1-year-old female infant who had generalized and pruriginous papulary lesions whose biopsy showed an aspect of LH and which regressed spontaneously after 6 months; a 14-year-old girl with perianal erythematosus papules whose biopsy showed Langerhansian histiocytosis that regressed spontaneously after 4 months. Finally, a 70-year-old woman who had eosinophilic granuloma diagnosed on a cutaneous biopsy of an infiltrated plate of the right cheek. The extension and the paraneoplastic assessment were negative in our 3 patients. The eosinophilic granuloma was treated initially by systemic corticosteroid, then methotrexate 15 mg/week. The evolution was marked by complete regression of the lesion.

Conclusion: HL is a very rare condition which explains the small size of our study population. Its actual frequency is poorly known and underestimated because of its asymptomatic and auto-involutionary forms. As illustrated, it can reach patients of all ages. Cutaneous involvement is polymorphic, commonly infiltrated papules or micro-papules covered with a brownish crust. The localizations in the neck, scalp or folds are evocative. Biopsy with histological and immunohistochemical study are essential to confirm the diagnosis. The Histiocyte Society classification divides LH into localized uni-tissue histiocytosis and multi-tissue histiocytosis. Thus, it is essential to perform an extension assessment that will include: NFS, liver biologic assessment, radiographs of the entire skeleton and thorax. The treatment depends on the spread of the disease and its evolution.