SKIN CANCER (OTHER THAN MELANOMA)

# NON-LANGERHANS CELL HISTIOCYTOSIS. MULTIPLE XANTHOGRANULOMA IN ADULTS

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BACKGROUND: Multiple xanthogranuloma in adults (XMA) is a rare variant of late onset of juvenile xanthogranuloma. The diagnosis in adults is unusual, reason for which the following case is presented.

OBSERVATION: Male patient, 65 years old, with a personal history of asthma and HBP. He reports a 6-months evolution of multiple erythematous to violaceous papules appearing on the limbs and the back associated with yellowish, infra-ocular plaques. No other symptoms were reported. Laboratory tests show elevated TSH, normal lipids with no additional findings, and negative serological results. Through dermoscopy technique we observed a yellowish lesion with erythematous borders and arborescent telangiectasias on the surface. We performed a biopsy of the dorsal lesion and observed multinucleated Touton giant cells as a type of foreign invaders. The histological report is compatible with xanthogranuloma. Immunohistochemistry reflects focal CD68 and S100-positive with CD1A-negative. X-rays of the chest, spine and long bones, abdominal ultrasound, skull and thoracic CT scan, papillary confocal laser CT scan and ocular angiography, flow cytometry analysis of bone marrow are all normal. Endocrinology unit started treatment with levothyroxine. We kept an expectant behavior and agreed on having a follow-up appointment with the patient.

KEY MESSAGE: It is an infrequent pathology. Normal lipid profile. Multiple XGA is defined for more than five XG lesions. Etiology: Unknown. Relation to traumatisms, infections and neoplasias, such as hematological ones: thrombocytosis, chronic B cell lymphocytic leukemia, monoclonal gammopathy and lymphoma. Extracutaneous lesions are rare. Spontaneous resolution occurs in half of the patients. Treatment is necessary in case of numerous or unsightly lesions: surgical excision, CO2 laser or isotretinoin.