

SKIN MANIFESTATIONS OF INTERNAL DISEASE

## ERYTHEMA ANNULARE CENTRIFUGUM AND MONOCLONAL GAMMOPATHY OF UNDETERMINED SIGNIFICANCE: A NEW ASSOCIATION?

*Filipa Tavares Almeida<sup>(1)</sup> - Rui Pedro Santos<sup>(1)</sup> - Joana Pardal<sup>(2)</sup> - Maria Da Luz Duarte<sup>(1)</sup> - Celeste Brito<sup>(1)</sup>*

*Hospital De Braga, Department Of Dermatovenereology, Braga, Portugal<sup>(1)</sup> - Hospital De Braga, Surgical Pathology, Braga, Portugal<sup>(2)</sup>*

**Background:** Erythema annulare centrifugum (EAC) is classified as a figurate erythema. It is an uncommon inflammatory dermatosis characterized by polycyclic erythematous eruptions that gradually expand centrifugally. The pathogenesis of EAC is unknown, but it is probably due to a hypersensitivity reaction to a variety of agents, including drugs, infections and malignancy. Although often idiopathic in nature, it can also be associated with an underlying disease, such as endocrine and immunological disorders. Most cases require no treatment and resolve spontaneously, except when associated with a malignancy and other systemic disease. In the later, the eruptions usually respond to treatment of the disease that presumably triggered the EAC. We report a case of a 50-year-old woman diagnosed with EAC and monoclonal gammopathy of undetermined significance (MGUS).

**Observation:** A 50-year-old woman was observed due to itchy skin lesions, with 3 months of evolution, that started as small papules and slowly expanded to large erythematous plaques. Physical examination revealed annular erythematous plaques of variable sizes, with central clearing, involving her trunk and thighs.

The skin biopsy revealed a dermal perivascular inflammatory lymphocytic infiltration compatible with EAC. Laboratory investigation showed a monoclonal spike (IgG/kappa type) on immunoelectrophoresis and the patient was referred to Oncology, being diagnosed with MGUS. She was medicated with topical corticosteroid and oral bilastine, without a significant improvement. The patient is under close follow-up.

**Key message:** Controversy exists in the classification of EAC, that probably represents a clinical reaction pattern rather than a specific clinicopathologic entity. As EAC can appear many years before, concomitantly or after the onset of a malignancy, it is important to perform a full physical examination and diagnostic workup in order to exclude an underlying disease.



To the best of our knowledge, the association of EAC with MGUS has never been reported, highlighting the interest of our case.

