



SKIN MANIFESTATIONS OF INTERNAL DISEASE

## EXTENSIVE CHRONIC DISCHARGING SINUSES ON THE TRUNK: CUTANEOUS PLASMACYTOSIS MIMICKING HIDRADENITIS SUPPURATIVA

Ki Wei Tan<sup>(1)</sup>

*Changi General Hospital, Dermatology, Singapore, Singapore<sup>(1)</sup>*

**Background:** A 69-year-old man was seen for extensive, indurated plaques associated with chronic discharging sinuses and erosions on the back; extending to the buttocks and genito-scrotal area. He had been previously treated for hidradenitis suppurativa with topical antiseptics, antibiotics and multiple courses of oral antibiotics without alleviation in his condition.

**Observation:** An incisional biopsy performed showed dense dermal plasma cell infiltrate admixed with few neutrophils and lymphocytes. Few comedone-like inclusion cysts containing lamellated anucleate keratin, as well as focal superficial microabscesses were noted. There was no evidence of acute or chronic hidradenitis. Grocott's methanamine silver (GMS) and Periodic acid-Schiff (PAS) stains showed no evidence of fungal infection. Immunohistochemical stains showed 10% of IgG4 plasma cells out of total plasma cells present, and plasma cell count varied from 10-20 per single high power field (not suggestive of IgG4-related disease). Serum and urine electrophoresis did not detect any monoclonal bands. Serum IgG was noted to be elevated at 37.34 (normal range 5.49 – 17.11). A diagnosis of cutaneous plasmacytosis was made. Hematology opinion was sought but the patient was lost to follow up.

**Key message:** Patients with extensive, recalcitrant discharging sinuses responding poorly to prolonged courses of systemic antibiotics and optimal topical treatments should have cutaneous plasmacytosis considered in the differential diagnoses.

