



SKIN MANIFESTATIONS OF INTERNAL DISEASE

LÖFGREN SYNDROME – IS ETONOGESTREL IMPLANT'S FAULT?

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Background: Löfgren syndrome is a form of acute sarcoidosis characterized by erythema nodosum, bilateral hilar adenopathy and polyarthrits. Other clinical manifestations may also be present.

Observation: A 37-year-old woman, previously healthy, observed due to lesions in the lower limbs suggestive of erythema nodosum and edema of the ankle since one week. Furthermore, at the left elbow was evident a serpiginous, violaceous and tumid plate, and on the left flank, in a previous scar, a purplish papule, which the patient refers that appeared 4 months earlier.

The patient mentioned the placement 6 months ago of a subcutaneous contraceptive implant containing etonogestrel.

Analytical study showed a slight increase in the inflammatory parameters. IGRA test was negative, ACE value was normal. Chest radiograph showed hilar enlargement. Biopsy of the lesion at the elbow showed non-necrotizing epithelioid granulomas, giant Langhans cells and a periferic polymorphic inflammatory infiltrate. Ziehl-Neelsen stain was negative. The tissue specimen was PCR negative for M. Tuberculosis complex. Given the presumed diagnosis of Löfgren's Syndrome the patient initiated treatment with NSAIDs for one week without improvement. Due to the suspected involvement of the contraceptive implant in the pathophysiology, it was promptly removed. A week later, erythema nodosum, as well as elbow and scar lesion showed marked improvement, without further treatment.

Key message: Although it is not possible to confirm the causative effect of etonogestrel implant in this case of sarcoidosis, the rapid involution of the lesions after its removal points towards an important role in the development of the disease in susceptible patients.

