



SKIN MANIFESTATIONS OF INTERNAL DISEASE

RHUMATOID NODULITIS: A NEW CASE AND REVIEW OF THE LITERATURE

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Background: Rheumatoid nodulitis (RN) is a rare form of rheumatoid disease of controversial origin. We report a new and rare case of RN with description of the clinical, histological and evolutionary aspects based on a review of the literature.

Observation: We report a case of a 55-year-old woman, who presented 2 years ago a non-destructive rheumatoid arthritis (RA). Six months after the onset of her illness, she reported the occurrence of erythematous and asymptomatic lesions on the upper and lower limbs. Clinical examination showed erythematous papulo-nodules, measuring 0.5 to 1.5 cm, firm in consistency, mobile, sitting on the legs, the forearms and on the backs of the hands. The rest of somatic examination was normal. Histological study objectified an aspect of rheumatoid nodule. Biological assessment revealed a moderate inflammatory syndrome; rheumatoid factor was first slightly positive and then became negative; antinuclear antibodies were negative and radiological examination was normal. A treatment based on methotrexate 25mg / week plus non-steroidal anti-inflammatory and analgesic drugs was instituted. A well improvement was noted. The diagnosis of RN was then established according to the diagnostic criteria (Couret et al).

Key message: NR has a predilection for men between 30 and 50 years, and includes 4 diagnostic criteria, defined by Couret et al: multiple histologically characteristic rheumatoid nodules, recurrent articular symptoms with minimal clinical and radiological involvement, benign clinical course and absence of systemic manifestations of rheumatoid arthritis. Rheumatoid factor is inconsistently positive. Clinical and histological differential diagnosis can be difficult especially in the beginning forms. The treatment of NR is based on non-steroidal anti-inflammatory drugs alone or in combination with simple analgesics. In case of frequent recurrence, significant pain or doubt on a starting rheumatoid arthritis, a treatment by antimalarial is justified. Surgical excision is indicated only if aesthetic or functional discomfort.

