SKIN CANCER (OTHER THAN MELANOMA)

CASE REPORT: LANGERHANS CELLS HISTIOCYTOSIS OF ELDERLY ONSET.

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Background: Langerhans cell histiocytosis (LCH) is a disease of unknown etiology. The incidence of adult-onset LCH is estimated to be 1 out of 560,000 adults. Little is currently known about the incidence of this disease in elderly individuals (age ≥ 60). This disease is challenging to diagnose because individuals often present with non-specific symptoms which can lead to a wrongful diagnosis in many cases.

Case report: A 65 year-old female presented to our hospital with one-year onset of polydipsia, polyuria and erythematous, painful nodules in the lower extremities. Ultrasound of the nodules showed lytic bone lesions in the tibias. Microscopic examination of the skin showed clusters of histiocytes with focal epidermotropism, and granulomatous panniculitis with histiocytes and eosinophils. An immunohistochemical test was positive for S100 and CD1a, thereby confirming the diagnosis of LCH. Whole-body bone scan after administration of technetium-99m showed abnormal diffuse increased uptake, and bilateral heterogeneous uptake throughout multiple locations in the body.

Discussion: Elderly onset LCH is rare, there are few cases reported where the disease begins in patients older than 60 years old. In our case report, we present a 65-year-old individual who developed LCH with multisystem involvement in the bones and skin. Bone lesions are found in more than 60-80% of the cases and are often asymptomatic. In some cases however, the bone lesions are osteolytic and can be painful with accompanying inflammation of the overlying skin tissue.

Conclusions: Elderly-onset LCH is a rare disease that can be easily misdiagnosed. Dermatologists should be aware of the symptomology of LCH, which can present similarly to diabetes insipidus. In atypical cases, ultrasound can be useful to determine the diagnosis of LCH by examining the depth of the presenting nodule.