

Dermoscopy of Periungual Papules in Multicentric Reticulohistiocytosis

José María Llamas-Molina¹, María Narváez-Simón², Ricardo Ruiz-Villaverde¹

¹ Department of Dermatology, Hospital Universitario San Cecilio, Granada, Spain

² Department of Anatomic Pathology, Hospital Universitario San Cecilio, Granada, Spain

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Corresponding Author: José María Llamas-Molina MD, Hospital Universitario San Cecilio, Avenida de la Ilustración S/N, 18016, Granada, Spain. E-mail: josellamas94@gmail.com

Case Presentation

A 54-year-old woman presented with erythematous papules and nodules on the fingers that were shiny and firm to palpation. She also complained of asthenia and symptoms of arthritis. The periungual lesions had a “coral bead” appearance (Figure 1A). Dermoscopy of the proximal nail fold lesions showed a homogeneous orange background with multiple branching vessels. On the side adjacent to the cuticle, a peripheral collar was also visible (Figure 1B). The biopsy showed a diffuse dermal infiltration of histiocytes with eosinophilic ground glass cytoplasm and multinucleated giant cells. Immunohistochemistry showed positivity for CD68 and CD163 and negativity for S100 proteins and CD1a (Figure 1C). This led to the diagnosis of multicentric reticulohistiocytosis (MRH).

Teaching Point

MRH is a very rare systemic disease that belongs to the group of non-Langerhans cell histiocytosis and presents with acral skin nodules and erosive arthritis. MRH is associated with an underlying neoplasm in 25% of patients. The typical skin lesions of MRH are firm, shiny, non-pruritic, brown-to-reddish-brown papules, mostly located on the hands. Periungual papules have the characteristic “coral bead” appearance. It is a very important clinical sign when suspecting the diagnosis and has been described in 30% of patients. On dermoscopy, prominent arboriform vessels and a brownish peripheral collarette have been described, as in our case. We add the particularity of the orange background, which could be related to the histiocytic and granulomatous nature of these lesions. In conclusion, dermoscopy may be useful in the diagnosis of suspected MRH in a patient with periungual papules.

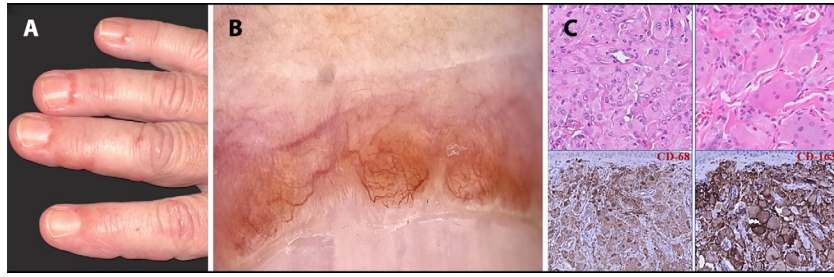


Figure 1. (A) Papules and nodules on the dorsum of the hands. (B) Periungual papules in “coral bead” pattern. (C) Histiocytes with eosinophilic ground glass cytoplasm, multinucleated giant cells, and positivity for CD68 and CD163 staining.

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