

# 'Bizarre' rash: adult-onset cutaneous Langerhans cell histiocytosis

Andre Boo Shern Khoo,<sup>1</sup> Jennifer Garioch<sup>2</sup>

<sup>1</sup>Salford Royal NHS Foundation Trust, Salford, Salford, UK  
<sup>2</sup>Department of Dermatology, Norfolk and Norwich University Hospital, Norwich, UK

## Correspondence to

Dr Andre Boo Shern Khoo,  
 andre.khoo@cantab.net

Accepted 12 November 2016

## DESCRIPTION

A woman aged 80 years was admitted under the general physicians with a 2-week history of general malaise. She was referred to dermatology for an opinion on a rash which had been present for



**Figure 1** Cutaneous Langerhans cell histiocytosis on the chest.



**Figure 2** Cutaneous Langerhans cell histiocytosis rash in the axilla.

6 months. Examination revealed an erythematous, keratotic and papular rash below her breasts (figure 1), in both axillae (figure 2), upper abdomen and lower back. The rash was asymptomatic. The patient had no previous history of skin disease. A 4 mm punch biopsy showed discrete collections of monocytoïd and histiocytoid cells within the epidermis expressing S100, CD1a and focal variable Leucocyte Common Antigen (LCA)—features diagnostic of Langerhans cell histiocytosis (LCH). MRI of the head and CT imaging of her chest, abdomen and pelvis did not reveal any other focus of disease, and there were no lytic bone lesions.

LCH is a rare disease involving clonal proliferation of dendritic cells. The incidence of LCH in adults is ~1–2 cases per million with a mean age of onset of 33 years.<sup>1</sup> Cutaneous LCH can mimic common dermatoses, and can be easily misdiagnosed. The typical lesions described are papular, rose yellow in colour and often scaly. When LCH presents in the intertriginous areas, it can be mistaken for eczema, psoriasis or intertrigo.<sup>2</sup>

## Learning points

- ▶ Langerhans cell histiocytosis (LCH) should be considered a differential diagnosis for common dermatoses if they fail to respond to conventional therapy.
- ▶ Recognition of cutaneous LCH is key as the skin may be the earliest sign of disease, and multiorgan involvement can have significant systemic effects.

**Contributors** ABSK was involved in the care and management of the patient and wrote up the case. JG was the consultant in charge of the care of the patient and reviewed the writeup prior to publication.

**Competing interests** None declared.

**Patient consent** Obtained.

**Provenance and peer review** Not commissioned; externally peer reviewed.

## REFERENCES

- 1 Stocksclaeder M, Sucker C. Adult Langerhans cell histiocytosis. *Eur J Haematol* 2006;76:363–8.
- 2 Girschikofsky M, Arico M, Castillo D, et al. Management of adult patients with Langerhans cell histiocytosis: recommendations from an expert panel on behalf of Euro-Histio-Net. *Orphanet J Rare Dis* 2013;8:72.



**To cite:** Khoo ABS, Garioch J. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2016-217904

Copyright 2017 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.  
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact [consortiasales@bmjgroup.com](mailto:consortiasales@bmjgroup.com)

Visit [casereports.bmj.com](http://casereports.bmj.com) for more articles like this and to become a Fellow