Suspected Drug Eruption in a Patient with Chronic Lymphocytic Leukemia Caused by Eosinophilic Dermatosis of Hematologic Malignancy

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Abstract

Eosinophilic skin disease of haematological malignancy (EDHM), like chronic leukemia, is a rare cutaneous reaction associated with haematological malignancies (CLL). The lesions appear clinically and histologically to be insect bites; however, in most cases, the patients strongly deny any history of such bites. Treatment modalities vary, with general steroids square measure being the most commonly used. Because EDHM is linked to a variety of aggressive cancer courses, patients with this eruption must be closely monitored. We have a tendency to bestow a severely pruritic, quick-onset body covering eruption that was initially thought to be a drug or bug bite reaction but was eventually bestowed as EDHM.

Keywords
leukocyte skin disease of hematological malignancy • Chronic leukaemia • Pruritic

Introduction

Eosinophilic skin disease of hematological Malignancy (EDHM) is a diagnostic test specimen unconcealed a sub epidermic blister containing lymphocytes, eosinophils and neutrophils, likewise as delicate perivascular and opening white cell infiltrate with eosinophils inside the stratum (H&E, 60x). several hematological malignancies, tho’ most typically seen with CLL [1]. The leukocyte eruption possibly manifests through a Th2 chemokine response, possibly thanks to interleukin-5, a key protein in white blood cell achievement [2]. EDHM is additionally observed as insect bite-like reaction thanks to clinically and histopathologically resembling insect bites, despite patients denying a history of being bitten. histologic sections may be confused with a drug eruption, as seen during this case.

EDHM will gift with pronounced symptoms of itchiness and tenderness, as seen during this patient.

Discussion

Chronic leukaemia (CLL) may be a being disorder characterised by progressive accumulation of dysfunctional lymphocytes. EDHM may be a rare body covering reaction related to

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A retrospective cohort study of thirty seven patients diagnosed with EDHM found solely twenty fifth of cases bestowed with lesions on the face. Various treatment methods for EDHM are used, utilizing antibiotics, steroids, antihistamines, dapsone, radiotherapy, radiation, antiviral alpha, and blood vessel immune globulin. Cycles of therapy have additionally been reported to boost EDHM symptoms [2]. This patient was with success treated with a Metocorten taper, topical Aristopak zero.1% ointment, and antihistamines. EDHM could also be related to a a lot of aggressive CLL-disease course, because it has been reported with

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Richter transformation and different fatal complications of CLL [3,4].

Conclusion

We report a case of EDHM in an exceedingly 60-year-old patient with a past medical record of CLL. This patient bestowed clinically with widespread papules and plaques that were severely pruritic. The patient was treated with a Meticorten taper, topical corticosteroids, and antihistamines, with important improvement in skin lesions and virtually completes relief from symptoms inside two weeks of treatment. The designation of EDHM was given once different potential causes were excluded, like drug eruption and invertebrate bite reaction. Careful watching of those patients is crucial as a result of EDHM will be related to a a lot of aggressive malignancy course.

References


