Acrodermatitis Chronica Atrophicans in an Italian Child

Sir,

Acrodermatitis chronica atrophicans (ACA) is a late manifestation by Lyme disease (1), characterized by bluish-red discoloration and skin atrophy mainly located on acral parts of the body. It is frequently described in elderly and more rarely in children living in Central or Northern Europe (2). This is a report on a child living in Friuli Venezia Giulia, an Italian region where Lyme disease is endemic.

CASE REPORT

An 11-year-old boy presented the following clinical picture: large areas of white pearly sclero-atrophic skin on the back of hands and feet; on the dorsal aspect of the legs brownish, indurated and hardly extensible skin; large erythematous areas with mildly thinned skin on wrists, right scapular region and neck. The cutaneous manifestations had been present for 4 months, beginning with a mild oedema on the dorsal aspect of the feet. No history of past erythema chronicum migrans was reported. The investigation of IgG antibodies against Borrelia burgdorferi (BB) revealed a positive titre of 1:256. The search for BB-specific DNA in tissue by polymerase chain reaction was positive. A treatment with intravenous penicillin G (20 millions units daily for 20 days) was performed. The erythematous atrophic lesions healed shortly after therapy, whereas large pigmented-atrophic areas still persisted after 6 months. The IgG titre declined.

DISCUSSION

In Italy there are some geographic areas where Lyme disease is endemic: Liguria, Friuli Venezia Giulia and Trentino Alto Adige (3). In the last years a few cases of ACA have been described in these regions, but no cases have been reported in childhood. Only Trevisan et al. (4) observed a peculiar picture in a 6-year-old child, who showed an atrophoderminic lesion shortly after erythema chronicum migrans localized on the mammary area.

The differences in the clinical pictures observed in different regions where Lyme disease is endemic may be related to the unequal distribution of BB genospecies among different areas. In Italy Borrelia Garinii seems to be more frequently encountered than Borrelia Afzelii, usually found in subjects affected by ACA.

REFERENCES


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Naevus Lipomatosus Cutaneus Superficialis: Overlap with Connective Tissue Naevi

Sir,

Naevus lipomatosus cutaneus superficialis (NLCS) is a rare hamartomatous lesion, first described by Hoffmann & Zurhelle in 1921 (1); to date there have been approximately 65 cases reported in the literature. Lesions are characterised by the presence of mature adipose tissue within the dermis. The sex incidence is equal, there is no familial tendency and usually no associated abnormalities. The naevi are usually soft, nontender, skin-coloured or yellowish papules or nodules, often occurring in a band-like or zosteriform distribution, and with a predilection for the pelvic girdle, particularly the gluteal region. They may be single, multiple or very rarely occur in a generalised form (2). Our case is unusual in that it is, to our knowledge, only the second reported case to involve the knee (3). In addition, it was unusually indurated, had recently increased in size and become symptomatic.

A 49-year-old woman presented with a warty lesion behind the right knee, present since birth but which had gradually increased in size and become painful over a 2-year period (Fig. 1). Previous medical history included longstanding obesity, non-insulin dependent diabetes mellitus and type IV hyperlipidaemia. On examination the lesion was verrucous with surrounding indurated erythema. Investigations revealed a normal full blood count, renal, liver and thyroid function tests. Fasting lipids were raised (total cholesterol 7.9 mmol/l, triglycerides 7.8 mmol/l), as was glycated haemoglobin (8.4% normal range: 3.5–5.5). Histology of the erythematous indurated portion of the lesion showed basket weave hyperkeratosis and mild compact orthokeratosis and acanthosis of the epidermis. There was a marked increase in mature adipose cells throughout the reticular dermis, arranged in clusters and

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