

Septic mucormycosis in acute t-cell leucemia – pathogen detection in skin lesions

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We report on a 43-year old patient with an acute T-Cell Leucemia, currently in Aplasia after Chemotherapy, showing five targetoid bluish skin lesions. Due to a three weeks history of septic symptoms he was under treatment with antibiotics and antifungals. Multiple septic foci were localized (N. caudatus, liver, kidneys, lung, spine and right psoas). Microbiology analyses of various blood cultures and of the aspirate of the psoas abscess showed initially negative results. Clinically the skin lesions were suspected to be of septic or thrombogenic origin. A 5mm punch biopsy was performed and separated for microbiological diagnostic and conventional histology. Surprisingly large fungal agents in mostly intravascular distribution were seen histologically and identified as *Lichtheimia corymbifera* (syn. *Absidia corymbifera*) by PCR. Cultures remained negative. The patient died on the following day.

Lichtheimia corymbifera is a fungus belonging to the family of mucormycosis. Aspergillosis and mucormycosis are the most common mold infections in patients with hematological malignancies, clinically often indistinguishable. However, the true incidence of mucormycosis is not known and probably underestimated because of difficulties in diagnosis. Mucormycosis typically causes acute, aggressive, and frequently angioinvasive infections presenting with solitary local skin necrosis. The fact that the pathogenic fungus was isolated from a very discrete skin lesion but was not detected in blood cultures, and only later in the PCR of the aspirate of the psoas abscess, makes this case exceptional.

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CD30-positive Anaplastic large cell lymphoma on the finger of a 20 year old woman

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PC-ALCL is a specific type of cutaneous T-cell lymphoma with an excellent prognosis.

We present the case of a 20 year-old healthy young woman with an ulcer on Dig IV of her right hand, which has developed over 4 weeks. Diagnosis was made including history, clinical, laboratory, histopathological, immunohistochemical and molecularbiological findings. The patient received radiotherapy with a cumulative dosis of 35 Gy (5x2.5 Gy per week). She is in complete remission 15 months after treatment.

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Allergic Lymphangitis: a rare complication of allergic contact dermatitis

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Background: Lymphangitis is an inflammation of the lymphatic vessels due to mainly infectious agents, such as bacteria, mycobacteria, and viruses, or rarely noninfectious causes, as Cantharidin, Evans blue dye or metastasis of carcinoma cells. The term chemical lymphangitis has been proposed.

It frequently develops after cutaneous infections by microorganisms.

Recurrent episodes of lymphangitis and in some cases chronic lymphedema related to allergic contact dermatitis have been described in articles of the eighties and a recent case report, where infections with *Staphylococcus aureus* were detected and a treatment with antibiotics was indicated.

Observations: A 58-year-old woman suffered from recurring hand eczema since the age of 18, due to Type IV sensitization to multiple contact allergens. Later she developed recurring erythematous symmetrical streaks on both forearms and anterior sides of the upper arms.

Recurrent bacterial lymphangitis due to superinfection of eczema was suspected and the general practitioner prescribed various systemic antibiotics without effect. However, she had no fever or chills and serological infectious signs were within normal limits.

Based on patch tests results we diagnosed strong contact sensitization to compositae, sesquiterpenlactons as well as a sensitization to palladium, nickel, cobalt, butylhydroquinone, vanilline and alpha-amyl-cinnamic aldehyde.

Allergic lymphangitis and acute lymphedema due to the contact allergy was suspected. Treatment with systemic non-steroidal-antiinflammatory drugs (NSAID), topical class III steroids, emollients, as well as the strict avoidance of contact to the compositae family plants including vegetables led to a lasting improvement of the skin.

Conclusions: Recurrent hand eczema may lead to lymphangitis and chronic lymphedema. Apart from the common infectious causes, rarely an allergic etiology may be involved. Treatment with NSAID in combination with local steroids and emollients is effective in such cases, and supports the non-infectious etiology of this complication.

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Hereditary renal cell carcinoma: the clue can be in the skin

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Hereditary leiomyomatosis and renal cell cancer (HLRCC), also known as Reed's syndrome (OMIM