A 41-year-old male presented with the history of multiple discrete infiltrative erythematous to brownish plaques on face, neck and trunk which gradually increased over two years (Figure 1).

Cutaneous plasmacytosis: deep perivascular and periadnexal infiltrations

Cutaneous plasmacytosis was also reported with other pulmonary involvements in plasmacytosis whereas cutaneous plasmacytosis was thought to be a reactive process with unknown etiology and characterized by diffuse-brown macules, plaques and nodules.

Introduction

Non-commercial

Primary cutaneous plasmacytosis is an uncommon process, including plasmacytosis. Systemic involvement has not been demonstrated at the time of the diagnosis. The malignancy of the systemic plasmacytosis might be due to an increased proliferation of plasma cells, suggesting that cutaneous and systemic plasmacytosis might be the same entity.

The extensive investigations of our patient showed no distinctive causes of plasma cell dyscrasia.4 Pulmonary findings of systemic and primary cutaneous plasmacytosis were demonstrated to be similar.

Figure 1. Multiple discrete infiltrative erythematous to brownish plaques on face, neck and trunk.

Materials and methods

A 41-year-old male presented with the history of multiple discrete infiltrative erythematous to brownish plaques on face, neck and trunk which gradually increased over two years. The skin biopsy showed superficial and deep perivascular and periadnexal infiltrations.

Immunohistochemistry was found to be polyclonal. The extensive investigations of our patient showed no distinctive causes of plasma cell dyscrasia.

Discussion

After successful course of 6-month anti-tuberculosis regimen, there was a resolution of pulmonary lesions but skin lesions still progressed gradually. Intralesional steroid injection and tacrolimus ointment application were used. As a result, the skin lesions did not resolve after successful course of anti-tuberculosis drugs.

The extensive investigations of our patient showed no distinctive causes of plasma cell dyscrasia. The extensive investigations of our patient showed no distinctive causes of plasma cell dyscrasia.

Conclusions

Cutaneous plasmacytosis might be a reactive process with unknown etiology and characterized by diffuse-brown macules, plaques and nodules. The extensive investigations of our patient showed no distinctive causes of plasma cell dyscrasia.

Acknowledgments

This work was supported by the Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok 10700 Thailand.

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Received for publication: 7 June 2011.

Key words: plasmacytosis, pulmonary findings.
Tacrolimus application was reported to reduce macytosis incidence rather than association with plasmonly in Thailand, was believed to be a co-

<table>
<thead>
<tr>
<th>Patient Age / Sex Location of lesions</th>
<th>Symptoms</th>
<th>Radiographic and Biopsy: necrotizing pulmonary tuberculosis</th>
<th>Systemic plasmacytosis</th>
<th>Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>55/M Back and trunk</td>
<td>Fever, malaise and significant weight loss.</td>
<td>Cavitary pulmonary nodules with reticular infiltration in lingular lobe with multiple infiltrations and lungs</td>
<td>Cutaneous</td>
<td>Died from respiratory and circulatory failure</td>
</tr>
<tr>
<td>62/F Chest and back</td>
<td>Dyspnea on exertion, lingular lobe with multiple infiltrations and lungs</td>
<td>Not done</td>
<td>Systemic, partial response</td>
<td></td>
</tr>
<tr>
<td>35/M Face, chest and upper</td>
<td>Asymptomatic</td>
<td>Cavitary pulmonary nodules with reticular infiltration in lingular lobe with multiple infiltrations and lungs</td>
<td>Cutaneous</td>
<td>Resolved pulmonary</td>
</tr>
<tr>
<td>2/F Japanese</td>
<td>Prednisolone</td>
<td>Cavitary pulmonary nodules with reticular infiltration in lingular lobe with multiple infiltrations and lungs</td>
<td>Systemic plasmacytosis</td>
<td>Anti-tuberculosis therapy</td>
</tr>
</tbody>
</table>

In summary, the authors describe the rare case of cutaneous plasmacytosis which is diag-

Conclusions

References


