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## Lymphomatoid papulosis in 5 years old girl

Nikolaeva V.<sup>1</sup>, Georgiev S.<sup>1</sup>, Hitova M.<sup>1</sup>, Kamarashev J.<sup>2</sup>, Obreshkova E.<sup>1</sup>

<sup>1</sup>Center of Dermatology and Venerology, Dept. of Dermatology and Venerology, Sofia, Bulgaria,

<sup>2</sup>University Hospital Zurich, Dept. of Dermatology, Zurich, Switzerland

**INTRODUCTION & OBJECTIVES:** We present a case of Lymphomatoid papulosis in a 5 years old girl with one month history of a few pruritic small erythematous nodules with moderate induration- two on the trunk and one behind the left ear. A thorough clinical examination and biopsy with histological and immunohistochemical study were performed.

**MATERIAL & METHODS:** Paraclinical investigation of blood, urine and biochemistry were in the normal limits. Histology showed diffuse infiltrate in the dermis with some atypical large cells. Immunohistochemistry showed CD 30 positivity in 100% of the cells.

**RESULTS:** In the differential diagnosis we discussed insect bite reaction and CD 30+ lymphoproliferative disorders- lymphomatoid papulosis and cutaneous anaplastic large cell lymphoma. Clinical follow up of the patient showed that two of the skin nodules resolved spontaneously in about a month, which was in favor of diagnosis Lymphomatoid papulosis. The patient continues to be under observation.

**CONCLUSIONS:** Lymphomatoid papulosis is a rare chronic papulonecrotic or papulonodular skin disease with histologic features suggestive of a malignant lymphoma. The disease is characterized by recurrent crops of pruritic papules at different stage of development that predominantly arise on the trunk and limbs. The papules heal spontaneously over a few months, usually leaving slightly depressed oval scars





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Erosive adenomatosis of the nipple in a young  
woman

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Racheva K., Hitova M., Obreshkova E.

Center For Skin and Venereal Diseases, Dept. of Dermatology and Venereology, Sofia, Bulgaria

**INTRODUCTION & OBJECTIVES:** A woman of age 24 presented at our clinic complaining of a papillomatous proliferation and fissure with slight discharge on the nipple of the right breast. The lesion has persisted for over 3 years, during which time it has been treated with topical antibiotics, epithelizing agents etc, with little to no effect.

**MATERIAL & METHODS:** After consultation with a mammologist an ultrasound of the breast was performed, which showed no underlying mass and the lesion was clinically diagnosed as Paget's disease, after which the patient was referred to us. We performed a cytology and punch biopsy which allowed us to deny Paget's disease and confirm our diagnosis of EAN.

**RESULTS:** The patient was referred to a surgeon and the proliferation was removed with excellent aesthetic results.

**CONCLUSIONS:** EAN is a benign nipple proliferation which is very important to diagnose, so as to preserve the nipple-areolar complex and breast. The main differential diagnosis is Paget's disease and it is most important to exclude that, as well as underlying breast carcinoma. Other things to exclude are eczema, psoriasis and infections. The peak incidence is in the fifth decade, however a few cases have reported the condition in younger women and children.

