

for immunoglobulin heavy chain and T-cell gamma chain gene rearrangements. Based on the above findings, a diagnosis of idiopathic CPL was rendered. The patient received surgical therapy. In the following-up seven years, the lesions did not reappear, and the patient was healthy.

Cutaneous Pseudolymphoma (CPL) is not an uncommon condition, which considers a group of benign cutaneous lymphoproliferative disorders and very rarely progresses to lymphoma. The clinical presentation of CPL has a wide spectrum. The most common clinical manifestations are red to violaceous nodules, papules, or plaques on the exposed areas, especially on the face and neck. Subcutaneous nodules, as in our case, are the uncommon presentation of CPL, which have been described in several cases occurring secondary to feline scratches or injection of vaccines.^{2–4} In addition, the lesions in previous cases are all on extremities, especially upper arms. However, an etiology cannot be identified in our case, and the subcutaneous nodules are on the back. To our knowledge, this is the first report of idiopathic CPL with subcutaneous nodules on the back. CPL may resolve spontaneously or persist indefinitely. There are no specific treatments for CPL. Present therapeutic approaches include surgical excision, photodynamic therapy, interferon, radiotherapy, topical corticosteroids, and so on. Despite a relatively good prognosis, a few CPL can progress to lymphoma,⁵ so a long-term follow-up is indispensable.

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Authors' contributions

Ying Wang: Approval of final version of the manuscript; conception and planning of the study; drafting and editing of the manuscript.

Sitong Li: Approval of final version of the manuscript; participation in the design of the study.

Yanping Bai: Approval of final version of the manuscript; conception and planning of the study.

Zhancai Zheng: Approval of final version of the manuscript; conception and planning of the study; drafting and editing of the manuscript; critical review of the literature; critical review of the manuscript.

Conflicts of interest

None declared.

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Ying Wang , Sitong Li , Yanping Bai ,
Zhancai Zheng *

Department of Dermatology, China-Japan Friendship Hospital, Beijing, China

* Corresponding author.

E-mail: drzhengzhancai@163.com (Z. Zheng).

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Cutaneous tuberculosis chancre: case description in a child[☆]



Dear Editor,

Cutaneous tuberculosis (CTB) is an infection caused by *Mycobacterium tuberculosis*, *M. bovis* or Bacillus Calmette-Guérin (BCG), used in immunizations. Clinical

manifestations are variable and depend on several factors, such as the host's immune status.^{1,2}

The extrapulmonary forms of tuberculosis account for approximately 10% of cases, with 1% to 2% occurring on the skin.^{3,4} Children have this form of disease more frequently, possibly due to the immaturity of their immune system.

An eight-year-old male patient presented with an erythematous papule on the medial aspect of the right thigh, which developed into an ulcerated nodule followed by the appearance of another ulcerated nodule nearby after a few days (Fig. 1). He denied local trauma or systemic symptoms. On dermatological examination, there was an indurated plaque with 2 well-defined lesions (measuring 3 × 2 cm and

[☆] Study conducted at the Department of Infectology, Dermatology, Diagnostic Imaging and Radiotherapy, Faculdade de Medicina, Universidade Estadual Paulista, Botucatu, SP, Brazil.



Figure 1 Ulcerated nodules on the medial aspect of the right thigh.

2 × 1.5 cm), with a fibrin base and brownish edges, painful on palpation. The inguinal lymph nodes were palpable bilaterally. Ultrasound examination showed a mass immediately below the lesion, with lobulated contours and low vascular flow, extending to the deep adipose plane. The lymph nodes were enlarged, showing regular contours and loss of the usual architecture.

A wedge biopsy of the larger lesion was performed, which showed a granulomatous inflammatory process with areas of caseous necrosis, lymphohistiocytic inflammatory infiltrate, and Langerhans-type giant cells, favoring the diagnosis of tuberculosis.

The fungal screening tests (Grocott-Gomori and periodic acid Schiff stains) and search for acid-alcohol-resistant bacilli by the Ziehl-Neelsen staining were negative. A direct fresh examination of lesion scrapings showed no amastigote forms of Leishmaniasis and the chest X-ray was normal, with a 19-mm PPD (purified protein derivative) test (Fig. 2). It was not possible to perform the serum PCR exam due to its unavailability at the time.

After a trial treatment for tuberculosis (Rifampicin, Isoniazid, Pyrazinamide for two months; Rifampicin and Isoniazid for four months) was initiated, the patient showed significant lesion improvement, with local healing (Fig. 3).

Cutaneous tuberculosis chancre constitutes a rare form of CTB and is equivalent to the primary pulmonary complex. Also called primary inoculation chancre, it develops in people not previously sensitized, occurring more frequently in children. It occurs by direct inoculation into the skin after local, often unnoticed, trauma, with subsequent appearance of an ulcerated inflammatory papule, plaque or nodule, and regional lymphadenopathy.¹ Histopathology varies according to the time lapse after inoculation: initially, there is a nonspecific acute inflammatory infiltrate. Subsequently, granuloma formation and a decrease in the



Figure 2 A strongly reactive 19mm PPD test.



Figure 3 Evolution with significant lesion improvement, after a trial treatment for tuberculosis.

number of bacilli occur. In most samples, the bacilli will not be observed even with special staining, which makes other complementary tests useful, such as PPD and/or serum PCR, clinical follow-up, and, often, therapeutic testing. When there is clinical suspicion, a histopathological examination with suggestive features, plus a strongly reactive positive PPD, the diagnosis should be suspected. Treatment is similar to that of pulmonary forms of the disease.^{4,5}

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Gabriela Roncada Haddad: Drafting and editing of the manuscript; effective participation in research orientation;

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Livia Caramaschi Florêncio: Drafting and editing of the manuscript; intellectual participation in the propaedeutic and/or therapeutic conduct of the studied cases.

Vidal Haddad Junior: Drafting and editing of the manuscript; effective participation in research orientation; intellectual participation in the propaedeutic and/or therapeutic conduct of the studied cases.

Conflicts of interest

None declared.

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Gabriela Roncada Haddad *,
Livia Caramaschi Florêncio , Vidal Haddad Junior 

Department of Infectology, Dermatology, Diagnostic Imaging and Radiotherapy, Faculty of Medicine, Universidade Estadual Paulista, Botucatu, SP, Brazil

* Corresponding author.

E-mail: gabriela.haddad@yahoo.com (G.R. Haddad).

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Eruptive collagenoma in a juvenile patient with Down syndrome[☆]



Dear Editor,

Eruptive collagenoma is a rare connective tissue nevus, which presents with asymptomatic, multiple, discrete, firm, slightly elevated, skin-colored, or reddish papules on the trunk and extremities. We describe herein a rare case of eruptive collagenoma on the back of a juvenile patient with Down syndrome.

A 14-year-old boy with Down syndrome and a previous history of anoctal anomaly visited our Dermatology Department, complaining of asymptomatic eruption on his back. He had no family history of connective tissue nevi. Physical examination showed several red-brown or whitish papules on his back (Fig. 1). There were no eruptions in other locations. One of the papules was removed under local anesthesia. A biopsy specimen revealed relatively well-circumscribed areas with increased collagenous fibers in the upper to mid-dermis (Fig. 2A). Lack of elastic fibers as compared with surrounding dermis was observed in *Elastica* Masson (Fig. 2B), *Elastica* van Gieson and Weigert staining. A diagnosis of collagenoma was made. No specific treatment was given.

Several cutaneous manifestations are associated with Down syndrome, including atopic eczema, seborrheic eczema, alopecia areata, vitiligo, psoriasis, tinea, syringoma, and milia-like calcinosis cutis.¹ By contrast, connective tissue disorders such as collagenoma, connective

tissue nevi, anetoderma, and elastosis perforans serpiginosa, are rare. Eruptive or solitary collagenoma is rarely seen in patients with Down syndrome.^{2–4} Among the previously reported 5 patients and our patient, 2 were male, and 3 were pediatric patients; and age ranged between 7 and 47 years old. The affected sites were the neck, chest, back, abdomen, buttock, groin, sacrococcygeal region, thighs, hands, and arms. Four patients developed multiple lesions, while 2 patients developed solitary lesions. The etiology of collagenoma in Down syndrome remains unknown; however, premature aging due to impaired DNA repair or altered free radical metabolism may be involved.¹ The genetic locus for superoxide dismutase, a key enzyme in free radical metabolism is located in chromosome 21. Moreover, in the skin of fetuses with trisomy 21, overexpression of

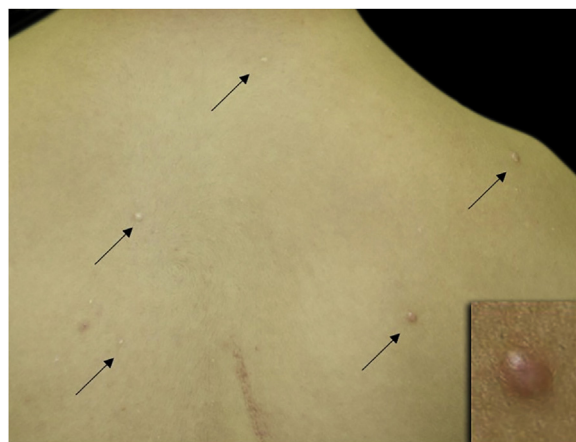


Figure 1 Small oval, slightly reddish or skin-colored papules scattered on the back (arrow).

[☆] Study conducted at the Department of Dermatology of Fukushima Medical University, Fukushima, Japan.