

Image Correspondence

Erythema Annulare Centrifugum as Indicator of Internal Malignancy

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A 46-year-old male presented with well-defined annular plaque with central clearing over right dorsum of hand, nape of neck and buttocks since 3 months [Figure 1a-c]. The lesions were accompanied by itching. He was being treated as case of dermatophyte infection with topical and systemic antifungal without much relief. Dermoscopy of lesions revealed whitish trailing scale with advancing erythematous edge [Figure 1d]. Potassium hydroxide (KOH, 10%) mount was negative. The histopathology of lesion revealed mild spongiosis, parakeratosis and minimal perivascular and periappendageal lymphocytic infiltrate in upper dermis [Figure 2a]. He was labelled as a case of erythema annulare centrifugum (EAC). He had history of weight loss in past 3 months accompanied by non-productive cough. High-resolution computed tomography chest revealed large mass in the right upper lobe [Figure 2b and c]. His lung positron emission tomography scan revealed uptake in the upper right lobe [Figure 2d]. He was diagnosed as



Figure 1: Well-defined annular plaque with central clearing and trailing scale and advancing erythematous border over dorsum of (a) the right hand, (b) buttock and (c) nape of neck, (d) dermoscopy of lesion showing whitish scale with advancing erythematous border (Dermlite dl3 gen, ×10 magnification, Made in USA).

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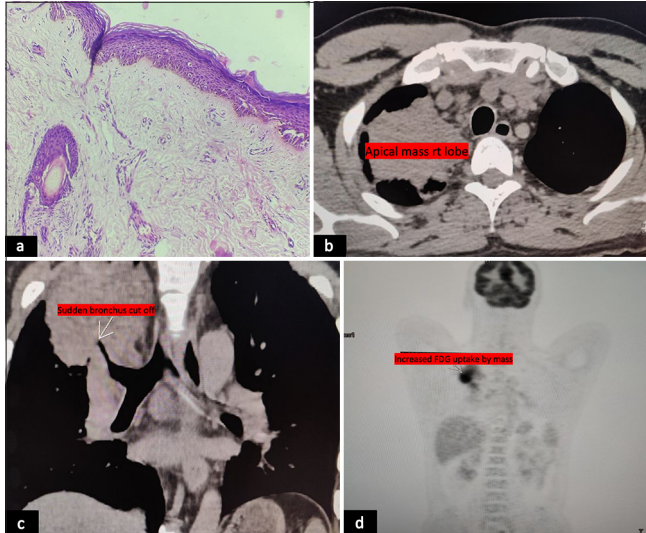


Figure 2: Histopathological examination showing orthokeratosis, minimal (a) spongiosis along with minimal perivascular and periadnexal lymphocytic infiltrate (Haematoxylin and eosin, $\times 100$), (b and c) high-resolution computed tomography showing mass in the right upper lobe of lung and (d) positron emission tomography scan showing avid uptake in the upper lobe of the right lung.

case of small-cell lung carcinoma. This image depicts the possibility of EAC in patients with figurate erythema morphology which on age-appropriate malignancy screen can result in early diagnosis of internal malignancy. These images also depict the importance of dermoscopy in differentiating tinea infection from EAC in busy outpatient department days.

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