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# ERYTHEMA ELEVATUM DIUTINUM (EED) : A CASE REPORT

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## INTRODUCTION

- ❑ EED is a chronic, rare form of cutaneous leukocytoclastic vasculitis manifesting as violaceous to red-brown papules or nodules (1).
- ❑ It preferably involves extensor joint surfaces (1).
- ❑ Here, we report a case of EED with atypical presentation involving palms & soles.

## CASE

❖PRESENTATION

A 48-year-old male presented with asymptomatic skin-coloured to yellowish nodules and plaques over both palms, right sole & extensors of both elbows & knees from 1.5 years which gradually increased in size. (fig 1a, 1b, 1c & 1d)

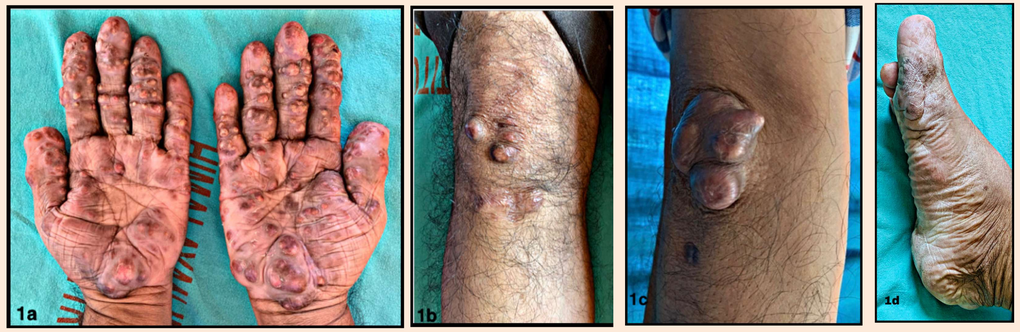
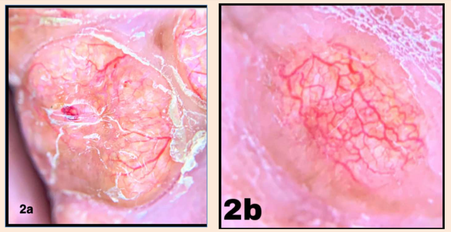



Fig: 1a, 1b, 1c, 1d: Fibrosed nodules and plaques over Palms, knees, elbows & right sole

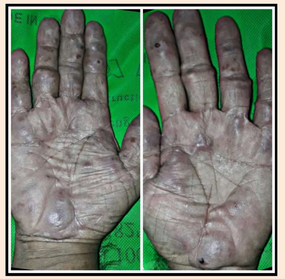
❖WORK-UP

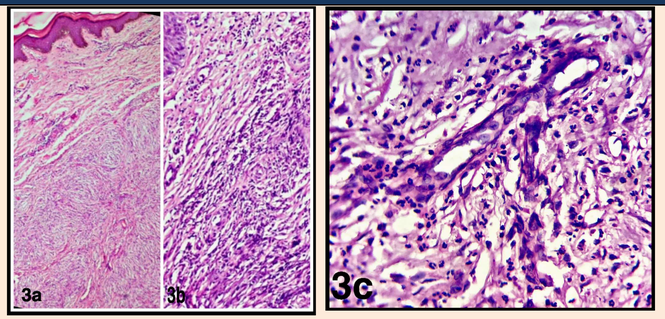
- ✓ Basic investigations – within normal limits except raised blood sugar levels.
- ✓ Dermoscopy.
- ✓ Skin punch biopsy for histopathological examination.




✓ **Dermoscopy** (Fig 2a, 2b)—

- Focussed serpentine & arborizing telengiectasias
- over reddish-yellowish background






✓ **Skin punch biopsy** [Fig: (H & E)]—

- ➢ 3a (40x)- Leukocytoclastic vasculitis- Neutrophilic infiltration & fibrin deposition within or around small blood vessels walls
- ➢ 3b (100x)- Fibrosis – fascicled proliferation of spindle cells
- ➢ 3c (400x)- Fibrin deposition within & around blood vessels with acute inflammatory cells & lymphohistiocytes

❖TREATMENT –

- ➢ Orally Dapsone 150 mg/day
- ➢ Surgical excision of fibrosed nodules over elbows and knees

Drastic regression in size was evident as early as after a month of starting treatment.

## DISCUSSION

❖**CLINICALLY**—

- ➢ EED is an infrequent presentation of chronic recurring form of cutaneous leucocytoclastic vasculitis affecting adults mainly (2).
- ➢ Clinically manifests as persistent asymptomatic to painful, red-violaceous, red-brown or yellowish nodules or plaques in symmetrical distribution over extensor aspects of extremities (1).
- ➢ The initial soft lesions eventually become fibrotic and develop atrophic scarring (2).

❖**PATHOLOGICALLY**—

Histopathologic features of EED intergrade with time (3).

- ➢ Early EED –
  - ✓ Leukocytoclastic vasculitis
  - ✓ Lymphocytes, histiocytes and a few eosinophils
- ➢ As the lesions mature—
  - ✓ Histiocytes & Granulation tissue
- ➢ Later-stage EED—
  - ✓ Dermal fibrosis with spindle cells
  - ✓ Fibrinoid necrosis
  - ✓ Intracellular lipidosis (cholesterol clefts)

## CONCLUSION

- ➢ EED, being a rare entity is easily mis-diagnosed.
- ➢ Recognizing distinct clinical & pathological profiles of both early and late EED lesions will help avoid misdiagnosis.
- ➢ Owing to chronic and recurrent course of disease, treatment of EED is difficult.
- ➢ Dapsone is the first-line treatment modality.
- ➢ Localized fibrotic nodules can be taken up for local surgical excision.

## REFERENCES

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