

Perianal Lesion as the Leading Presentation of Langerhans Cell Histiocytosis: Report of a Case

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Langerhans cell histiocytosis is a proliferative hematological disease with pleomorphic characters. Here, we present a very unusual case of Langerhans cell histiocytosis in a young male patient without a specific previous medical history, who had a perianal lesion as the leading symptom. This 17-year-old patient presented with perianal erythematous nodules for two months, unresponsive to topicals. Langerhans cell histiocytosis was suggested by histopathological examination after excisional biopsy. Thorough investigations revealed additional involvement of the left posterior temporal region of the cranium, and the left medial proximal tibia. However, these bone lesions caused no symptoms. Langerhans cell histiocytosis should always be included in the differential diagnosis list for patients with nonspecific perianal lesions. For any perianal mass in doubt, a simple biopsy examination is necessary.

Key words: langerhans cell histiocytosis, immunohistology, perianal lesion, CD1a, S-100

Langerhans cell histiocytosis (LCH) is caused by an accumulation of cells with the phenotype of Langerhans cells (LCs). LCs are responsible for presenting antigens to T lymphocytes. LCH may present as either a solitary site lesion or as a systemic disorder with an extensive clinical spectrum. The commonly involved sites include bone, skin, mucous membrane, lung, liver, and lymph nodes. Since LCs belong to the skin immune system, skin manifestations are frequently noted. However, skin lesions of LCH may present with a wide spectrum of symptoms and this may result in misdiagnoses or delayed diagnoses. Furthermore, only a few cases have been reported in the literature about patients with LCH initially presenting with perianal skin lesions, which in most cases caused different intervals of delayed diagnosis.

Case Report

A 17-year-old male student sought treatment because of a skin lesion in his perianal area, which had been observed for approximately two months. He did not have any other symptoms. There was no perianal sexual contact history. He also denied having tuberculosis, diabetes or any other systemic diseases. Physical examination revealed a normally-developed young male adult of adequate nutritional status. There were three contiguous fleshy erythematous nodules (1 cm in diameter each) in somewhat linear arrangement, the line measuring about 4×1 cm, along the left side of the anal margin, with peripheral indurated erythema, central crateriform ulceration, which bled easily upon touch (Fig

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