ERYTHEMA NODOSUM: ATYPICAL PRESENTATION OF A COMMON DISEASE

Joana Cochicho, Emília Louro, Armando Carvalho, Nascimento Costa
Department of Internal Medicine, Hospitais da Universidade de Coimbra
PORTUGAL

Clinical case

Female, 58 anos
Retired

Primary care doctor:
Levofloxacin +
Enoxaparin

D1

Fever
- max 38ºC
- ++ in the evening

Nausea

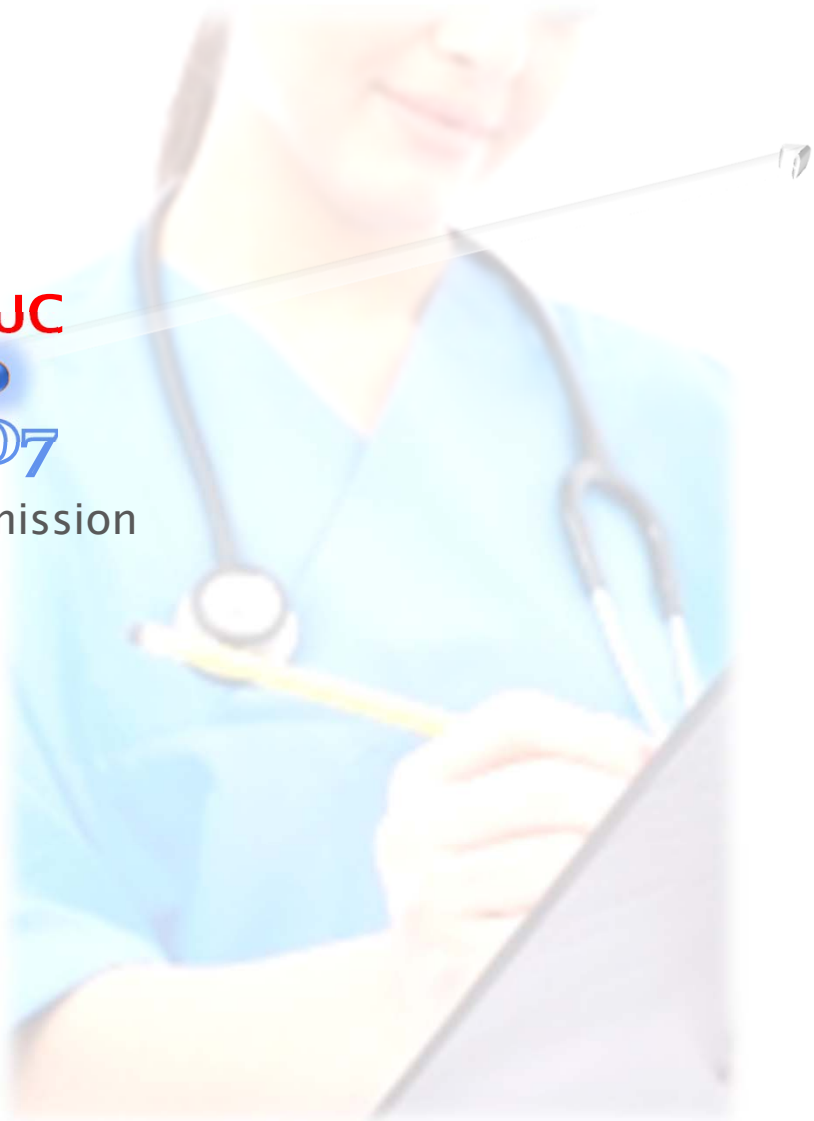
Subcutaneous nodules
- painfull
- Extensor surface of both legs

D3 Persistence of symptoms

ER HUC

D7

Admission



History

Medical History
- Cholecystectomy (2000)

Medication
- None

Allergies
- No known

Family History
- Noncontributory

Social History and lifestyle
- Pets: dog
- Contact with mice urine while cleaning a warehouse
- Denied ingestion of raw food or unpasteurized milk or cheese
- Never smoked or used ilicit drugs; drinks alcohol at social gatherings
- No recent travel

Physical examination

Alert and oriented. Distressed.

Temperature: **37.8°C**

Blood pressure: 130/80 Heart rate: 95bpm

SatO2: 98%

Regular heart beat, no murmurs or rubs.

Breath sounds clear in both lungs, no wheezing or crackles

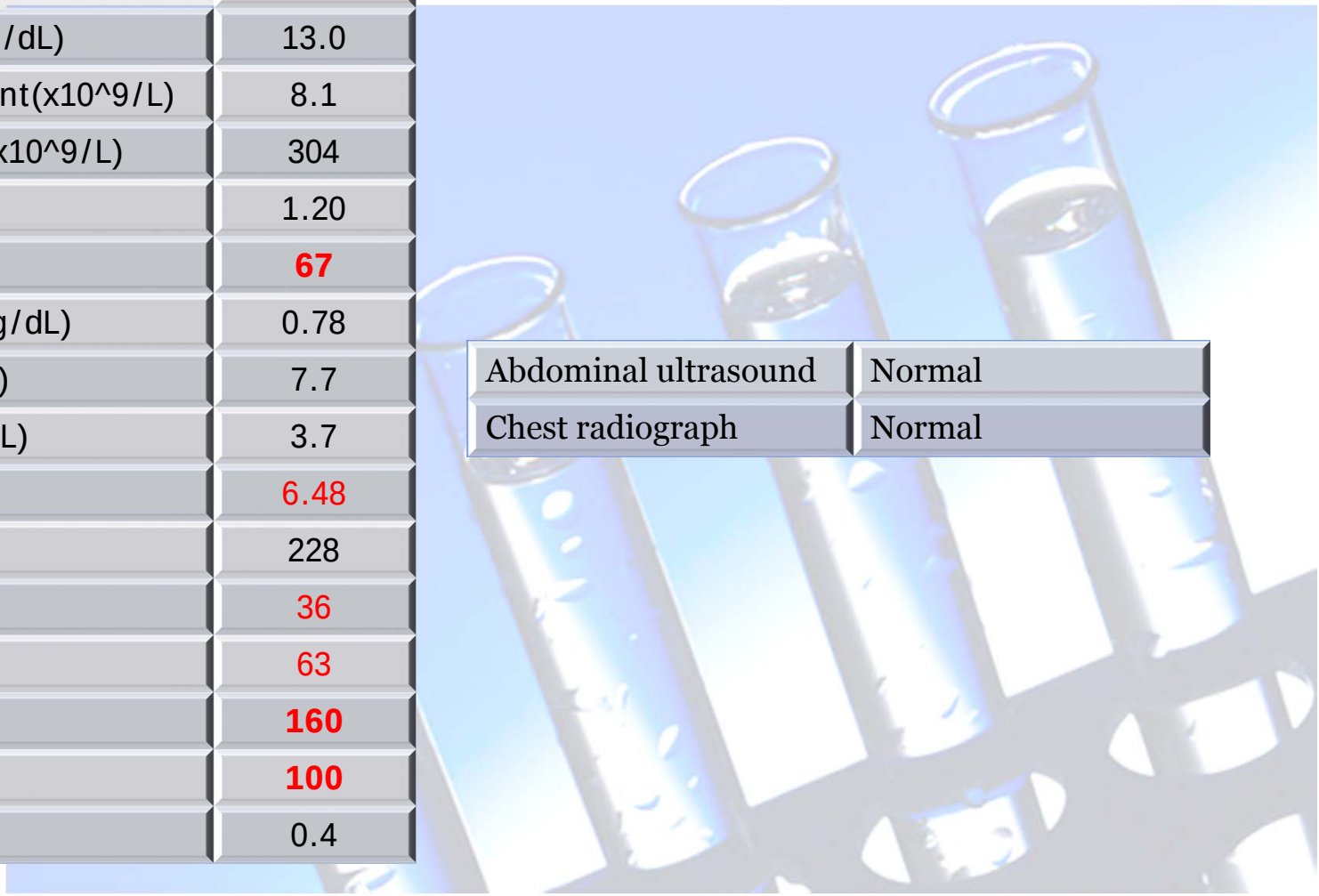
Abdomen: soft, nondistended, bowl sounds audible, no hepatosplenomegaly

Discrete edema in legs (++ left)

Pretibial red subcutaneous nodules

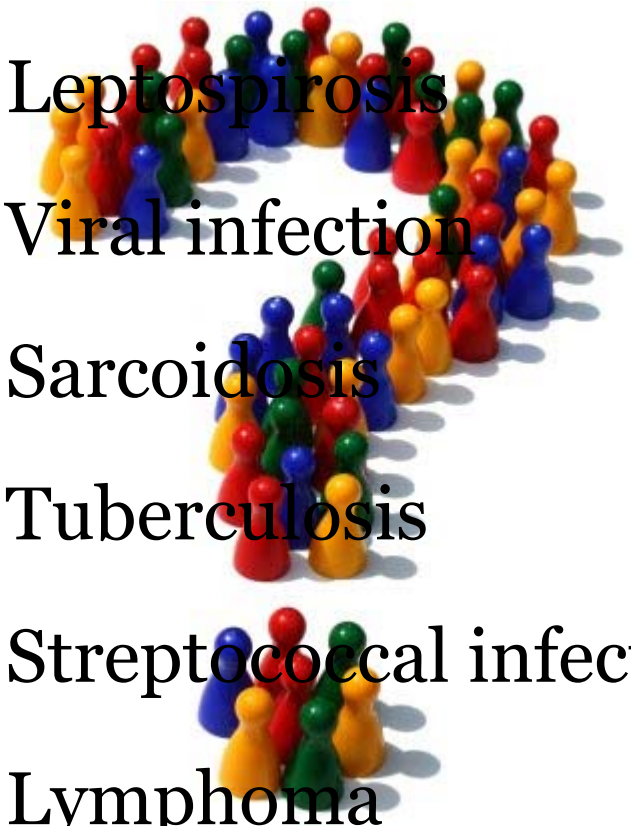
Laboratory and imaging tests -ER

	D7 (ER)
Hemoglobin (g/dL)	13.0
White cell count(x10^9/L)	8.1
Platet count (x10^9/L)	304
INR	1.20
ESR (mm/h)	**67**
Creatinine (mg/dL)	0.78
Proteins (g/dL)	7.7
Albumine (g/dL)	3.7
CRP (mg/dL)	6.48
LDH (U/L)	228
AST (U/L)	36
ALT (U/L)	63
ALP (U/L)	**160**
GGT (U/L)	**100**
Bil. T (mg/dL)	0.4



Abdominal ultrasound	Normal
Chest radiograph	Normal

Diagnostic hypothesis



- Leptospirosis
- Viral infection
- Sarcoidosis
- Tuberculosis
- Streptococcal infection
- Lymphoma

Fever
+
Erythema nodosum
+
Elevated sedimentation rate
+
Elevated liver enzymes

Case presentation

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D7 Admission

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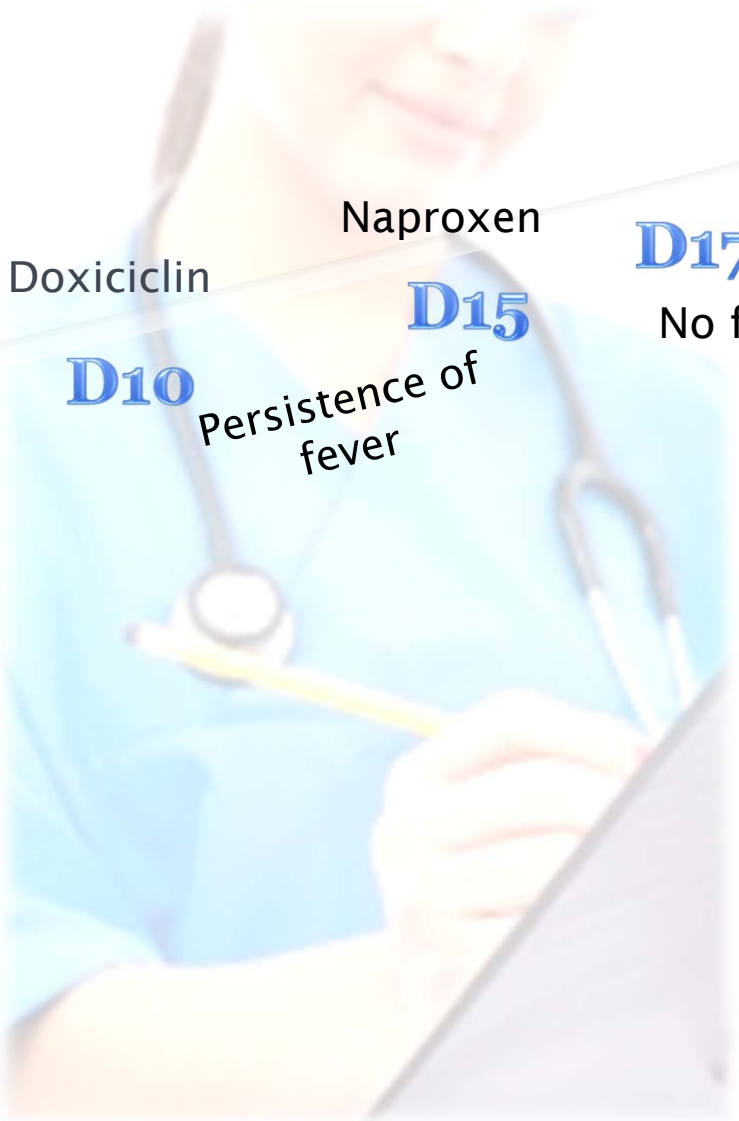
D10 Persistence of fever

Doxiciclin

D15

Naproxen

D17 No fever



Laboratory tests

Ferritin	Normal
Protein electrophoresis	Normal
SACE	**54 U/L (N<52)**
Lymphocyte populations	Normal
B2-microglobulin	Normal
ANAs	**Positive (+++) no specific pattern**
Anti ds-DNA antibodies	**4.6 IU/mL (N<4.2)**
C3, C4	Normal
Antistreptolysin O antibody titer	Negative

Laboratory tests

Serologies	HBV, HCV, HAV, HIV1/2	Negative
	CMV, EBV	Imune
	Coxiella burnetii	Negative
	Brucella	Negative
	Borrelia burgdorferi	Negative
	Leishmania	Negative
	Rickettsia conorii	Negative
	Leptospira interrogans	**Direct exam: negative** **Serology: Positive (serovar: Castellonis- 100)**
Tuberculin skin test		Negative
Blood cultures, including BK		Negative
Urine culture		Negative

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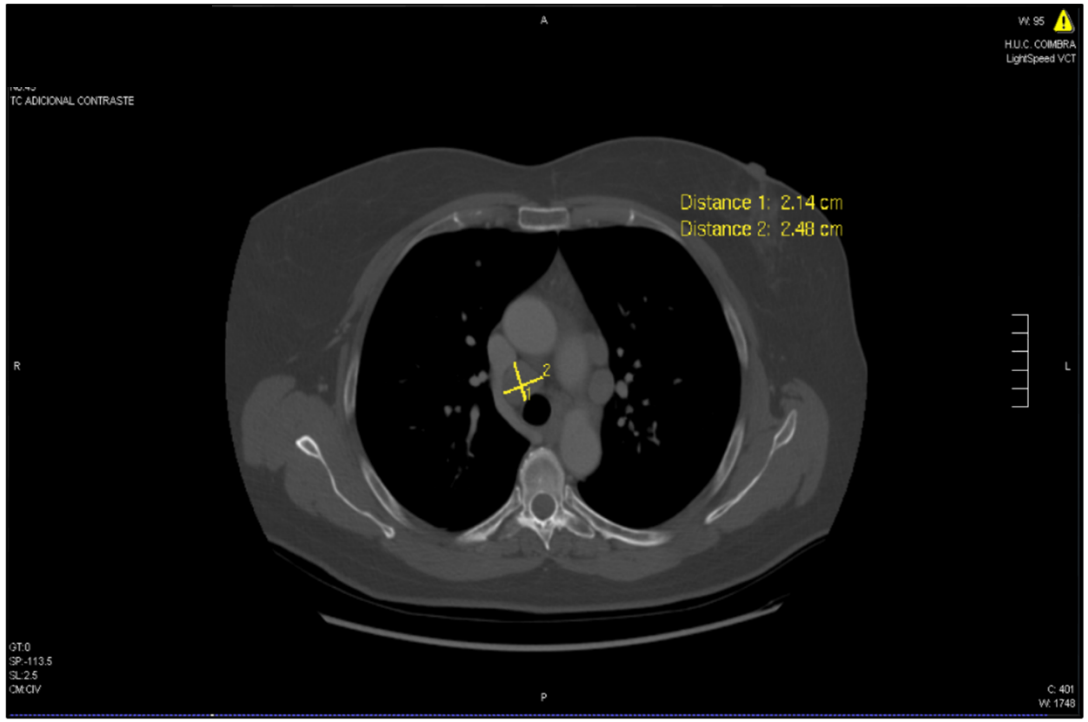
emilialou2 Ricketsia junto das hepatites?

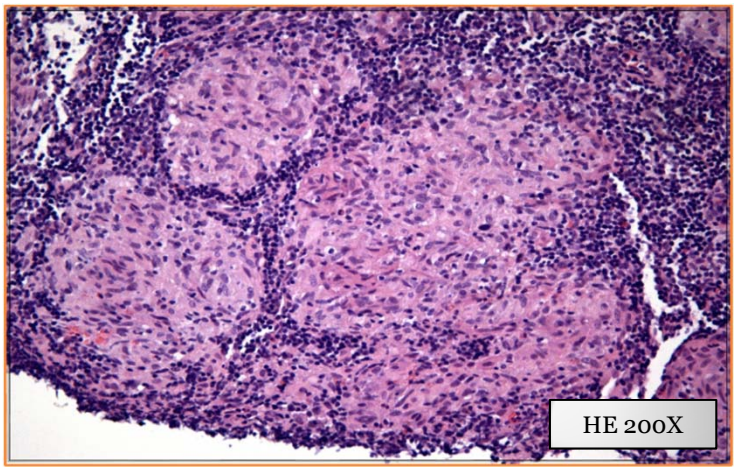
emilialouro@gmail.com; 14.01.2013

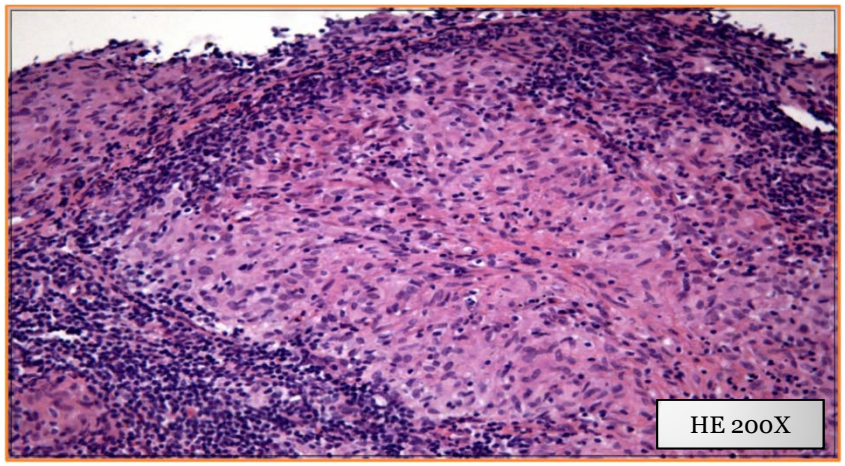
Imaging tests

Thorax CT	**Mediastinal and hilar lymphadenopaties and milimetric nodules in both superior pulmonar lobes and left inferior lobe**



Further tests…





Biopsy (mediastinoscopy)	**Epithelioid granulomas with discrete necrosis– tuberculosis in immunocompromised patient?**
PCR Mycobacterium tuberculosis (lymph node)	**Negative**
BK culture (lymoh node)	**Negative**
Broncho alverolar lavage	Normal

Treatment

Initial phase — 2 months

Continuation phase — 7 months

- Isoniazid
- Rifampicin
- Ethambutol
- Pyrazinamide

Take home messages

- Erythema nodosum:
  - incidence:1 to 5/100,000 persons, ++ women 15 - 40 years
  - the majority of patients have:
    - evidence of recent streptococcal infection or no identifiable cause
  - in 15-40%: early sign of infections, connective tissue diseases and other inflammatory disorders
    - The frequency of these associations changes with the population studied
  - EN is usually self-limited or resolves with treatment of the underlying disorder.

- Currently, the prevalence of TB among patients presenting with EN has decreased markedly
  - However, regarding the importance of its treatment, this diagnosis should always be suspected.