A long story of evolving skin lesions

Lin Brown, MD

Dartmouth-Hitchcock Medical Center

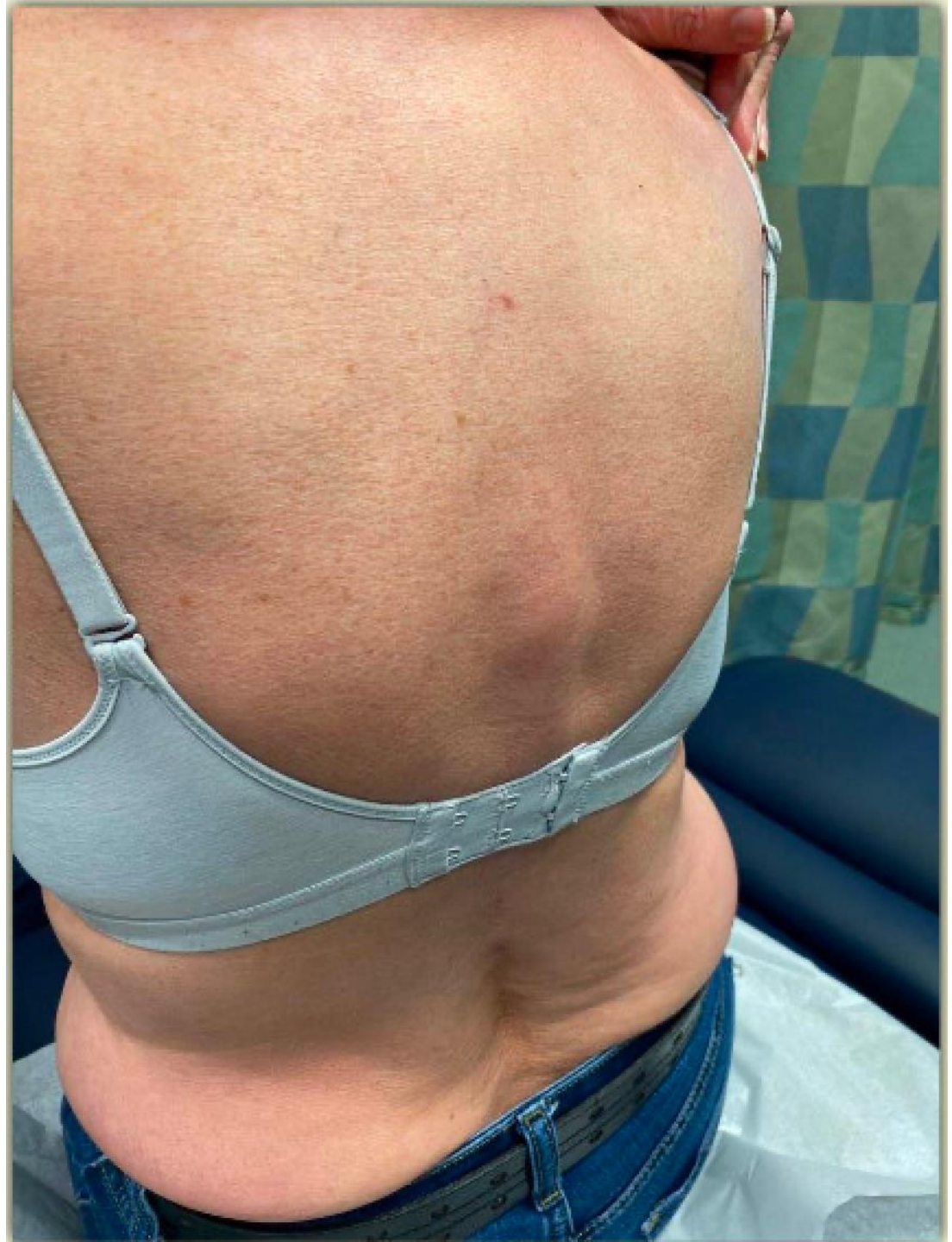
Dermatology/Rheumatology clinic

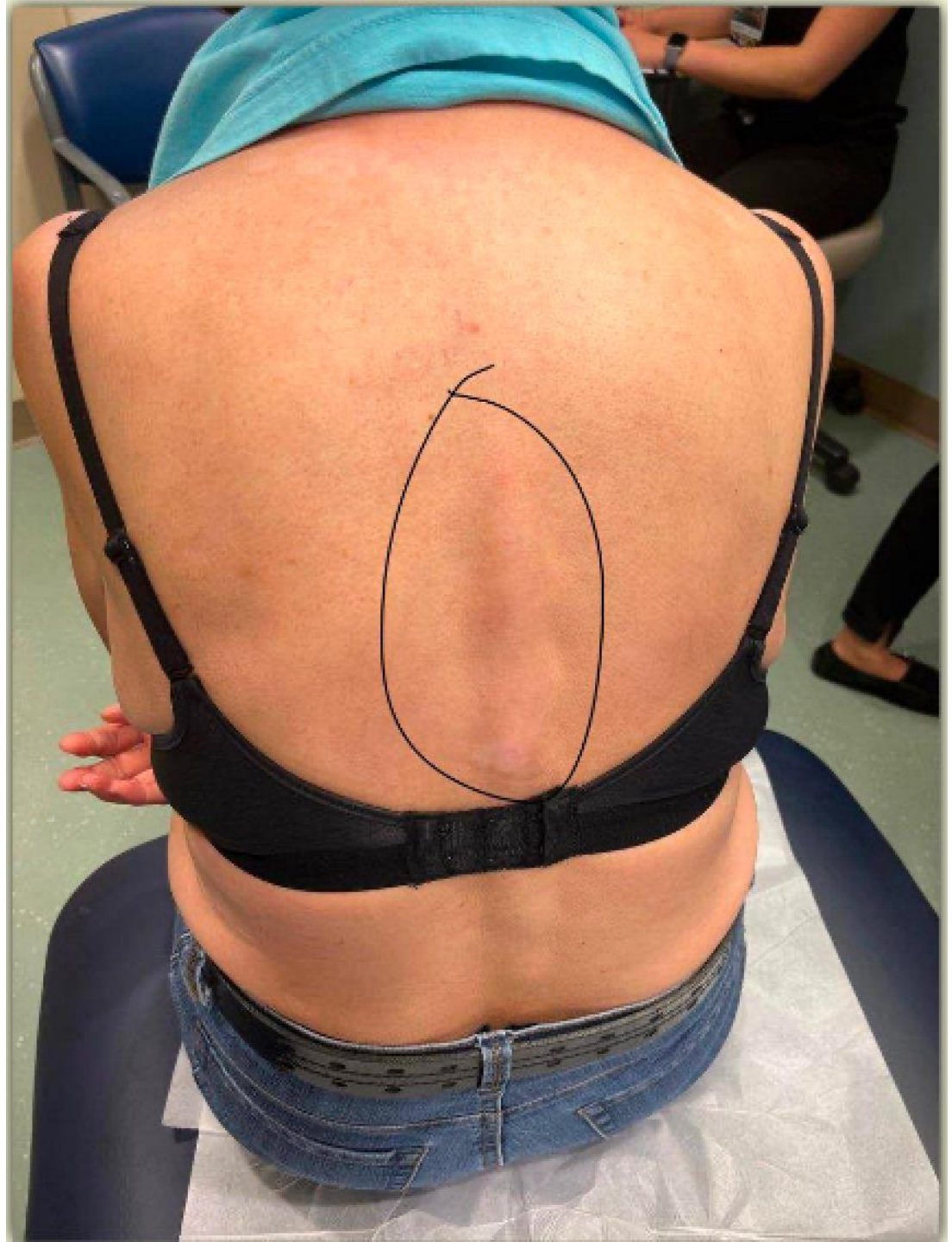
Conflicts of interest

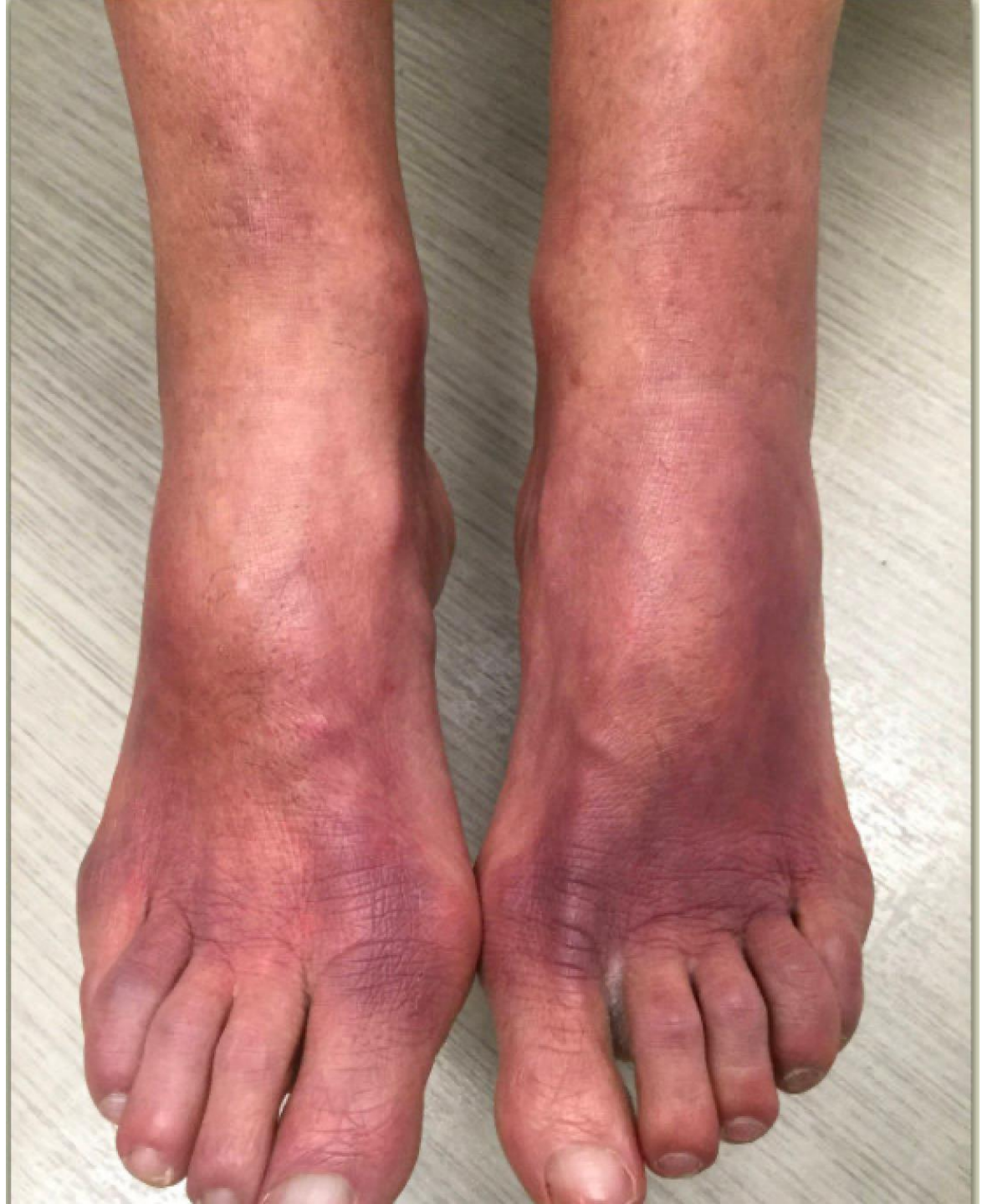
- None

Our patient

- Currently a 73 year old female who has hypertension, vitiligo and hypothyroidism
- December 2019 she developed a swelling over the spine that was tender but more of a lump – a “hotdog”
- Sept 2020 she developed erythema and violaceous discoloration of the dorsum of both feet
- Except for paresthesia in the feet, she has no other symptoms







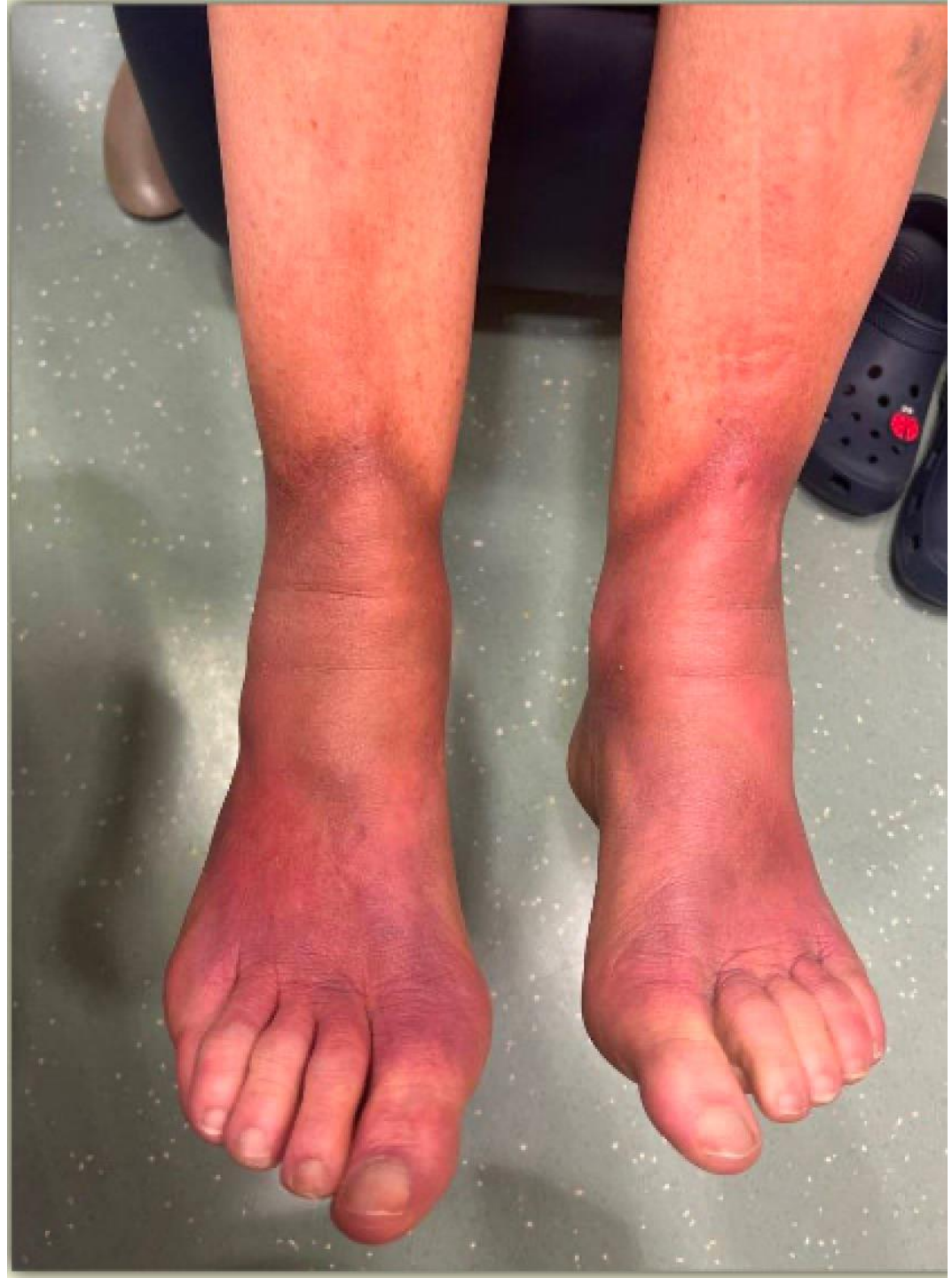
Labs in 2021

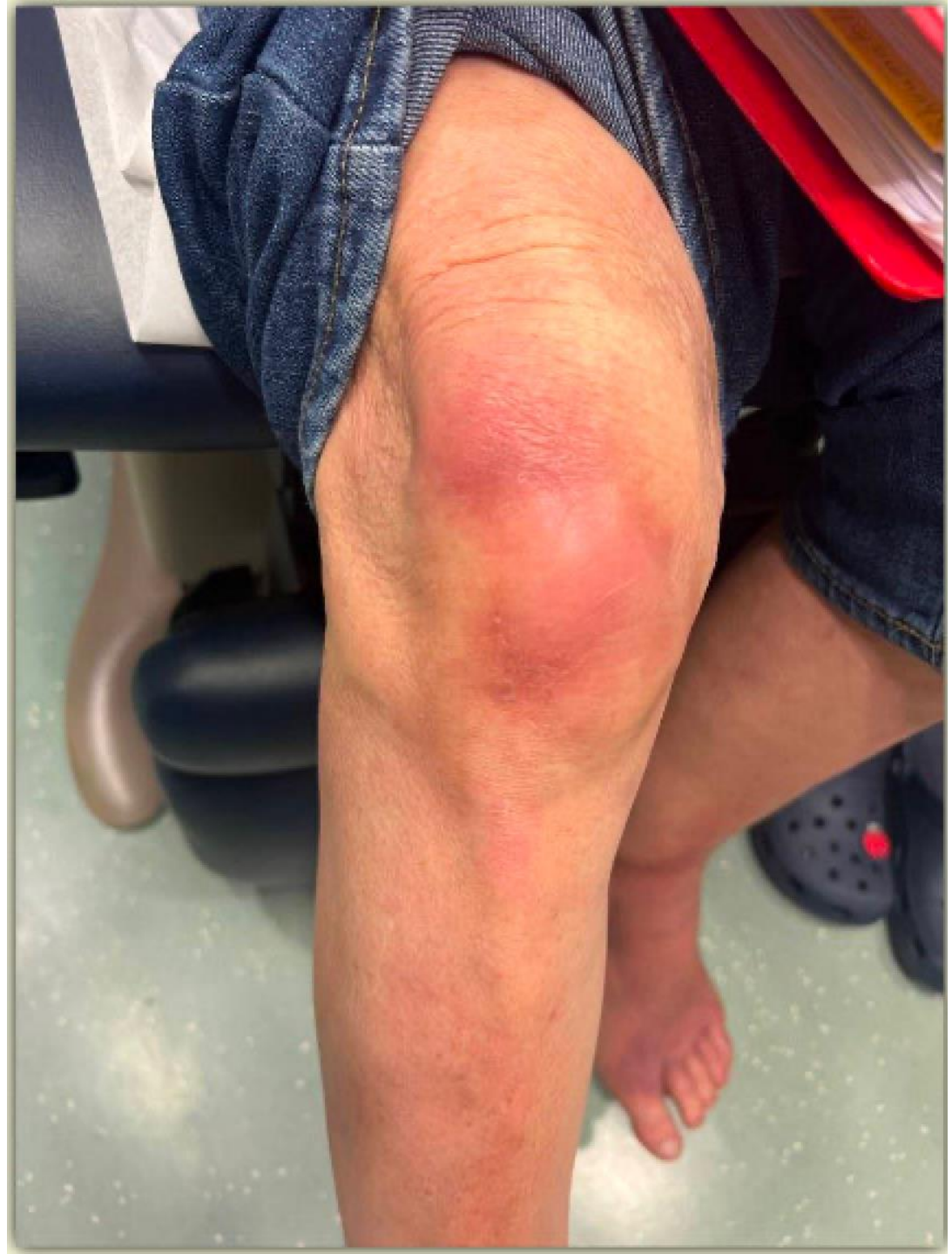
- ESR 50 and CRP 15 mg/L
- ANA +1:320 with neg ENA
- SPEP normal
- ANCA, C3, C4, CK, Cryos, CCP, RF, Hep A, B and C, QuantiFERON, ACE
- CT CAP negative
- MRI of thoracic spine showed no bony abnormalities

Thoughts?

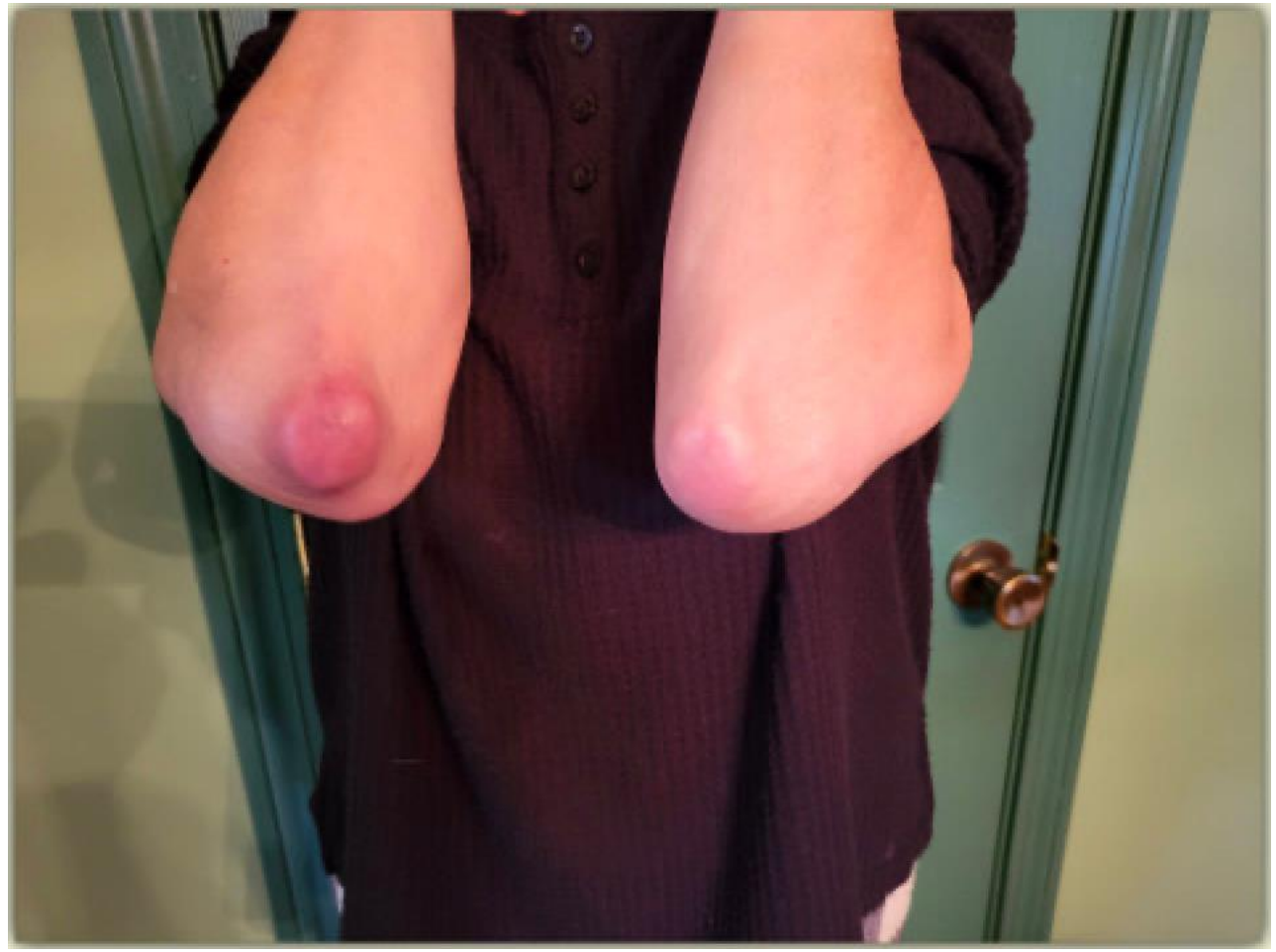
She is sent to our dermatology/rheumatology clinic

- 2 biopsies done at DH prior to her derm/rheum visit (6/23/2021) showed
  - Inflammatory/sclerosing disease with a dermal interstitial cellularity resembling an interstitial granulomatous process like GA or necrobiosis lipoidica
  - Seen in derm/rheum clinic in July 2021





Her exam also showed olecranon nodules



Thoughts now?

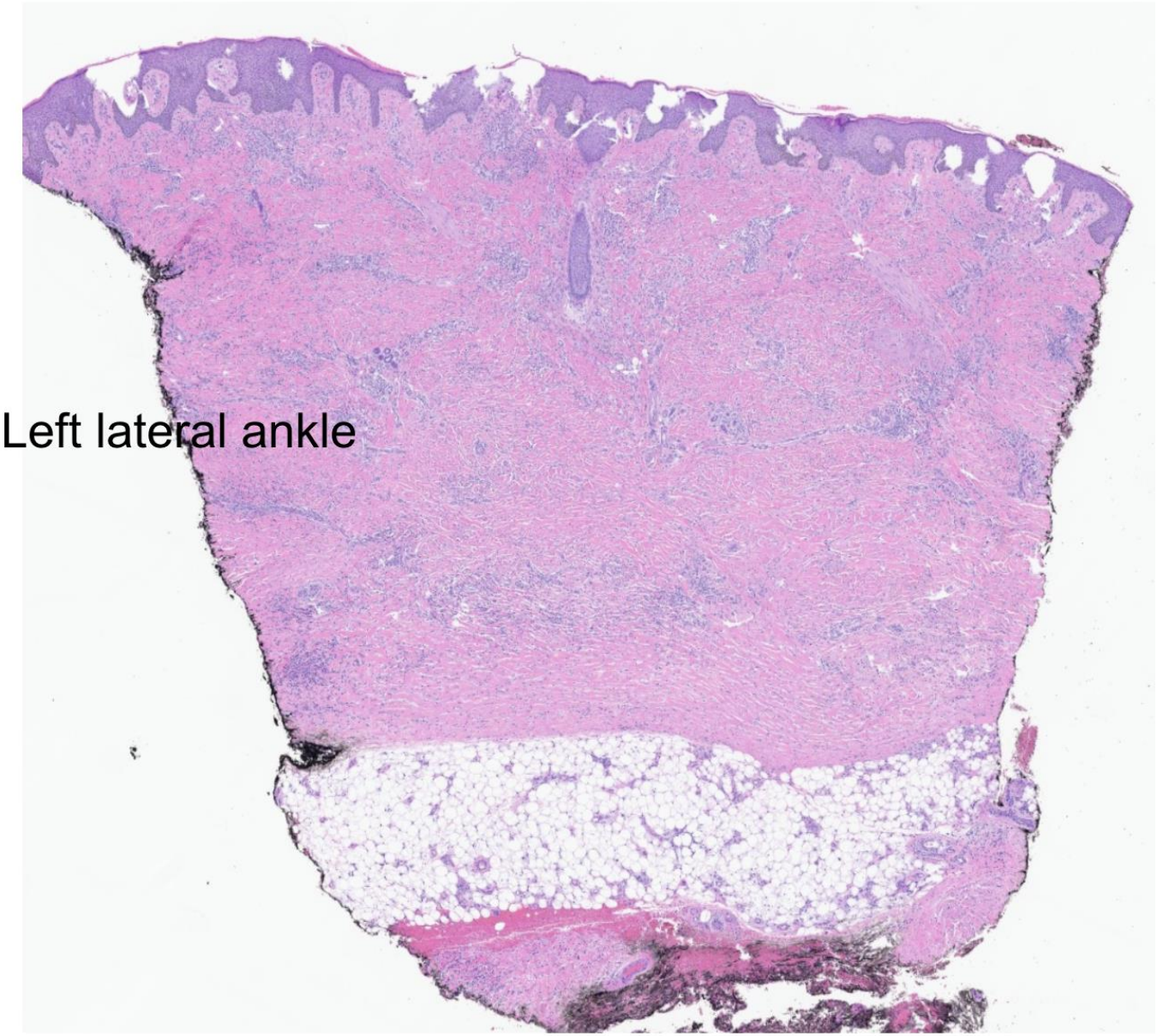
The derm/rheum thoughts

- Morphea or scleroderma
- Lipodermatosclerosis
- Fasciitis

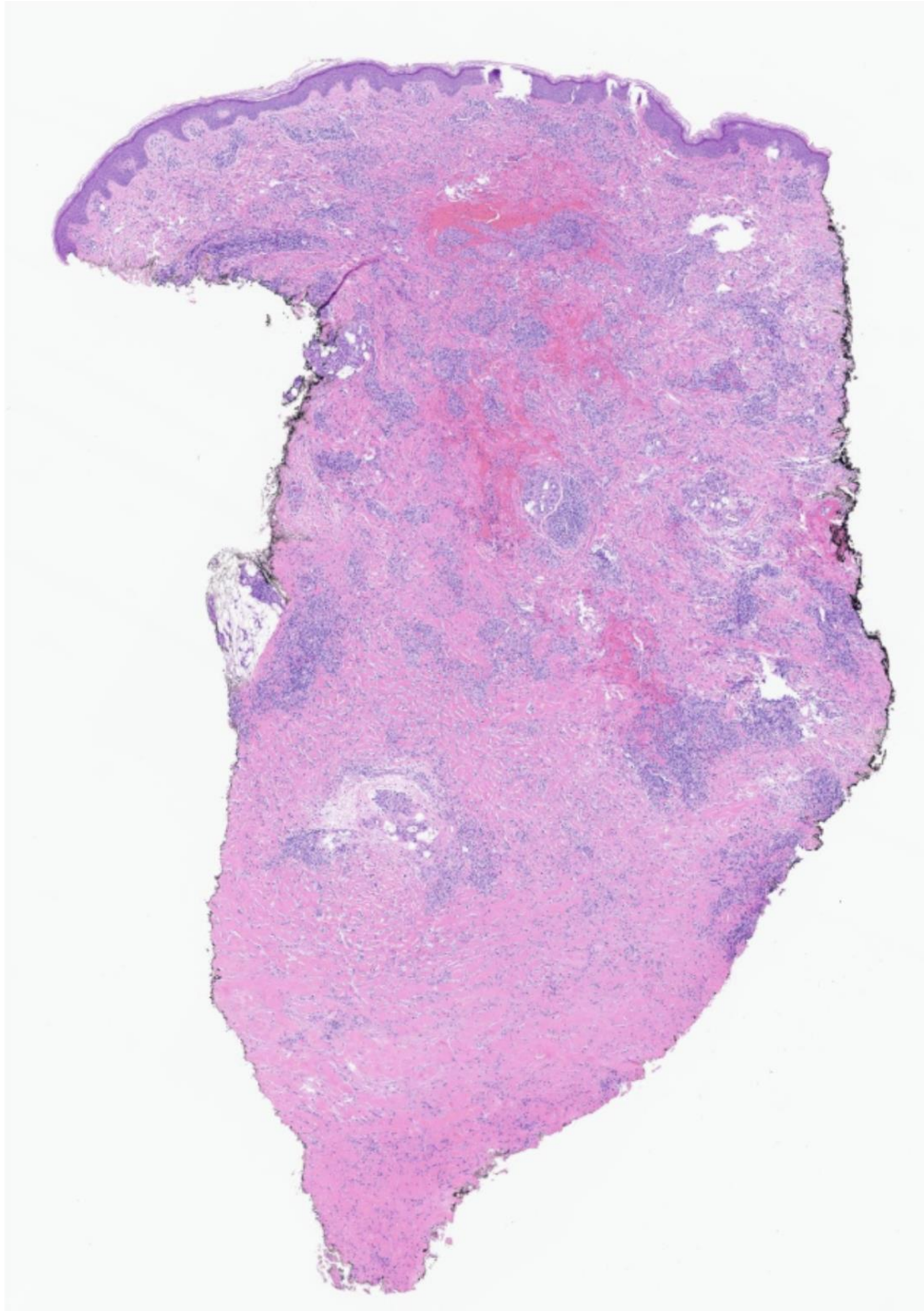
- But what about the nodules?

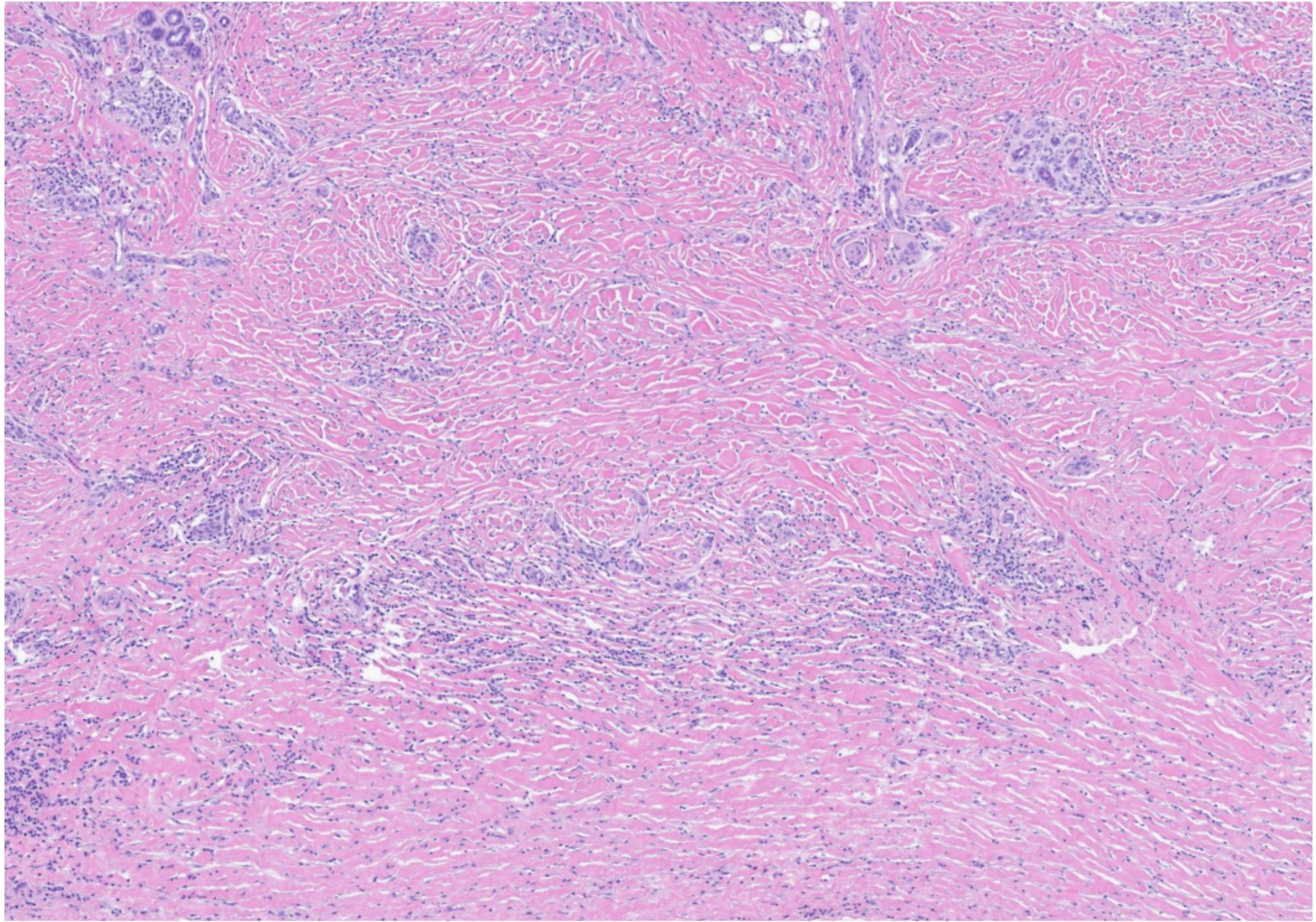
Ultimately had deep biopsy of the leg and of the nodules (11/2022!)

- No fasciitis
- Same inflammatory infiltrate and collagen changes as prior biopsy
- Both lesions same pathologic change


Left lateral ankle

Right elbow





So a new diagnosis was given

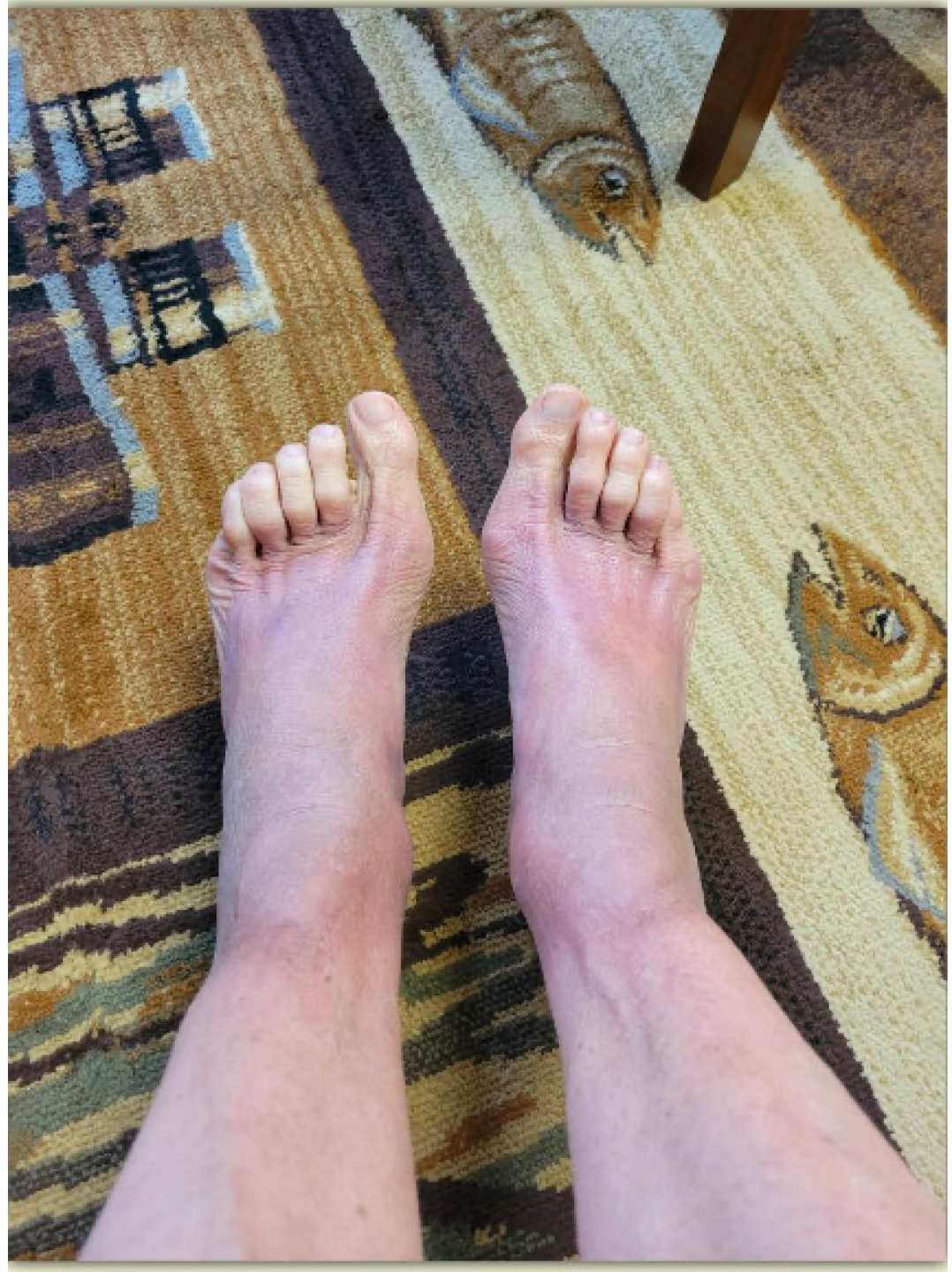
- Diagnosis favored by pathology was morphea profunda/nodular morphea – so in July 2023 methotrexate recommended
- Patient thought about it and was seen again in 5/7/2024 where her symptoms were essentially unchanged

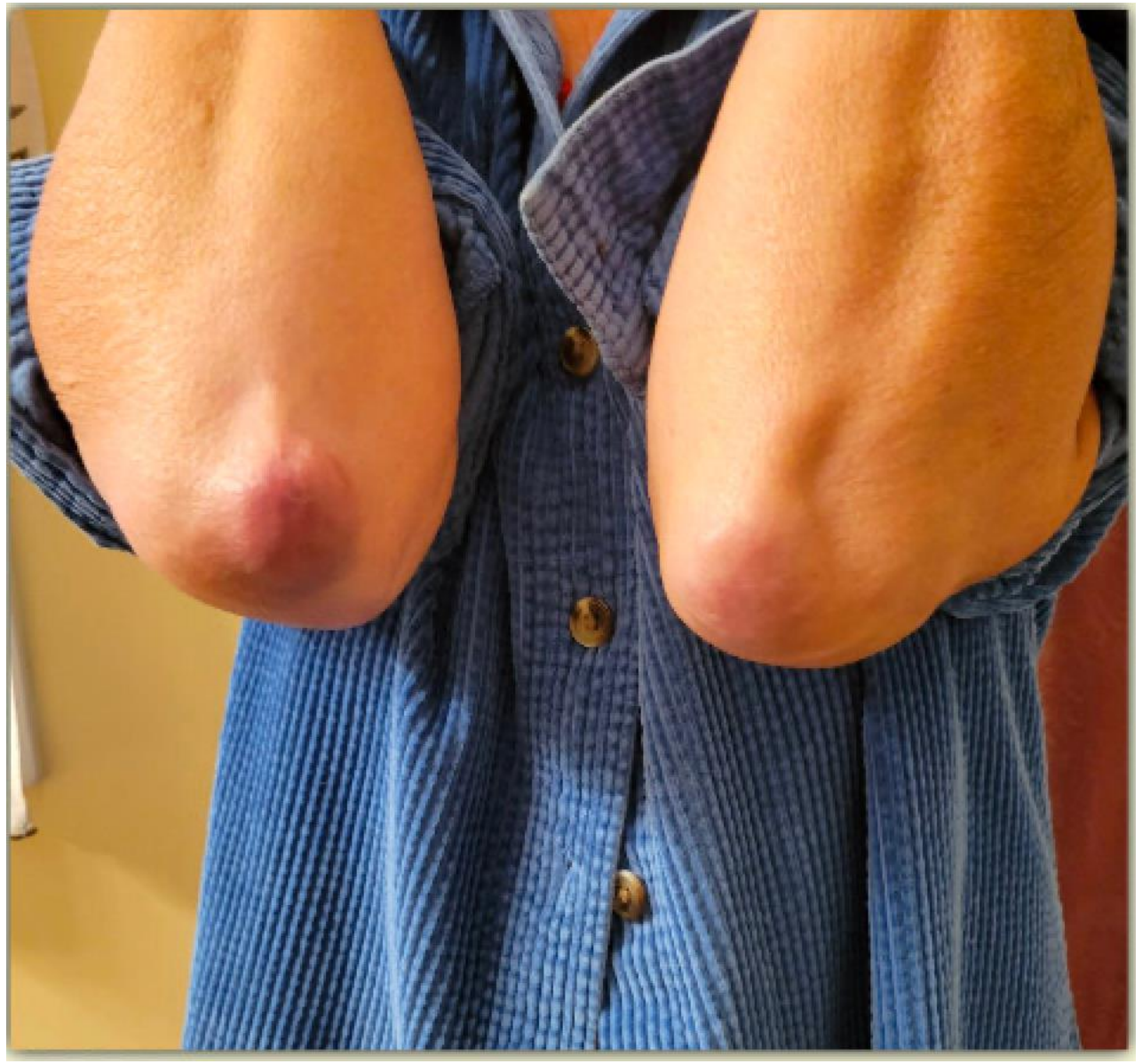
A diagnostic test was performed in 2024

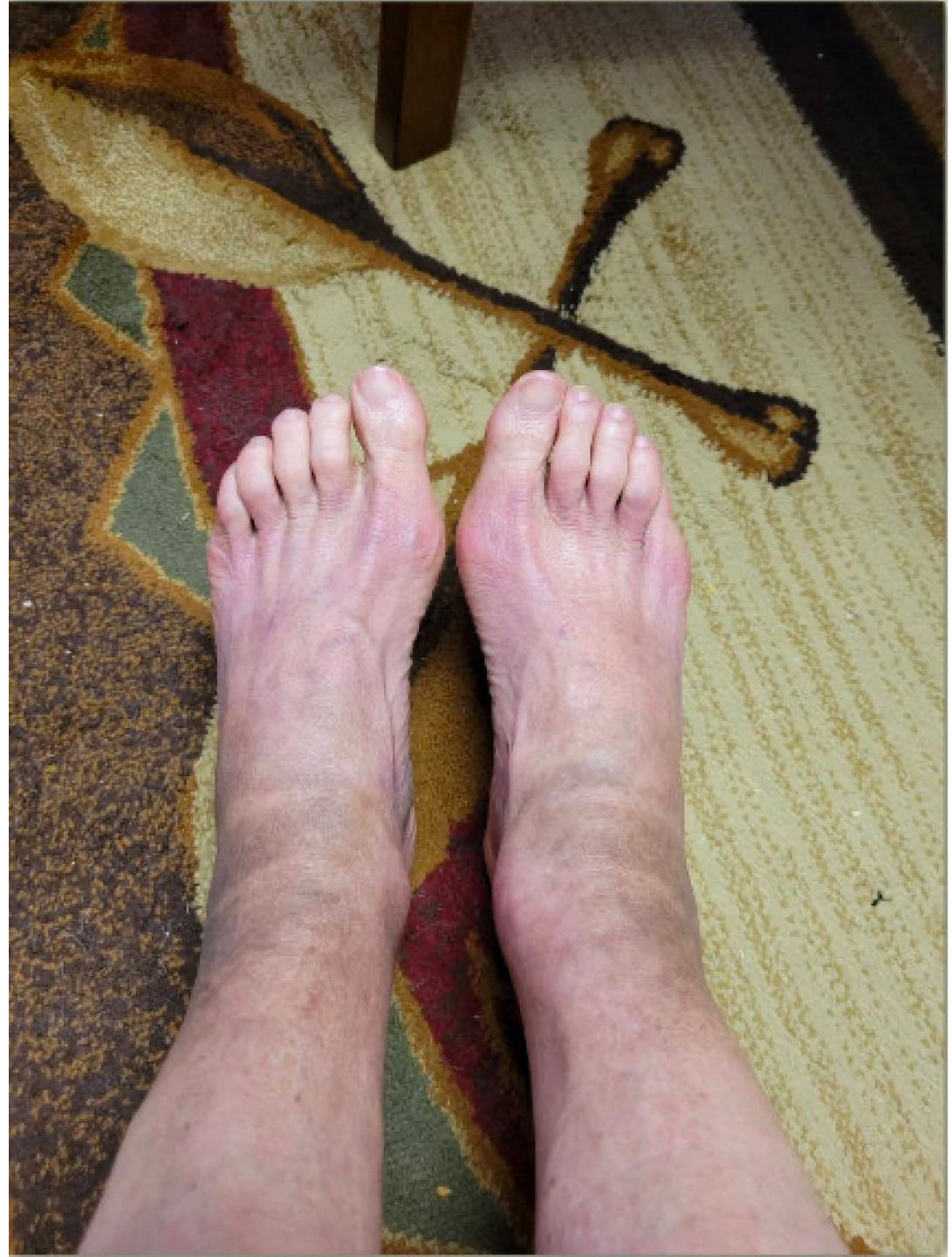
A Lyme test

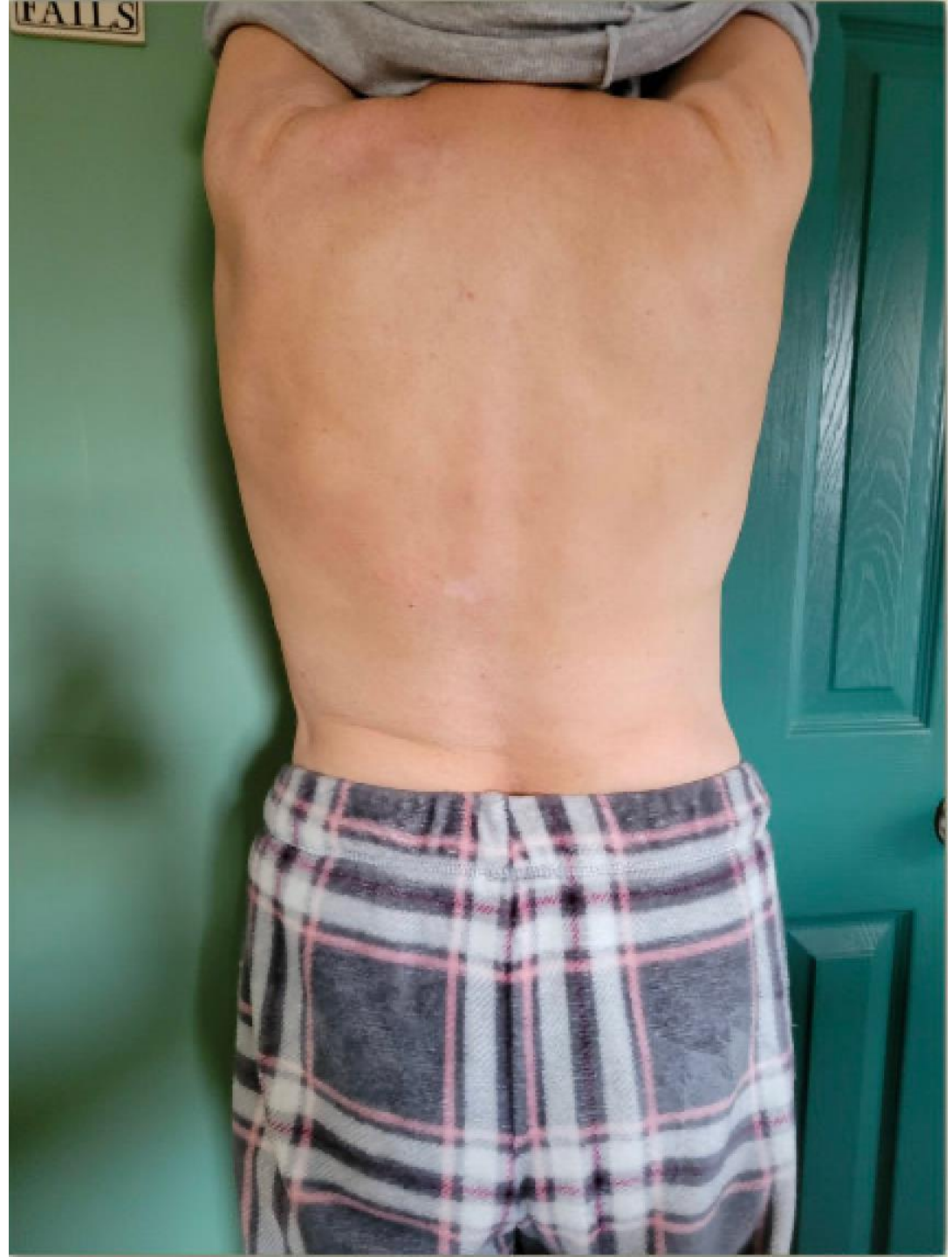
Acrodermatitis chronica atropicans (ACA)

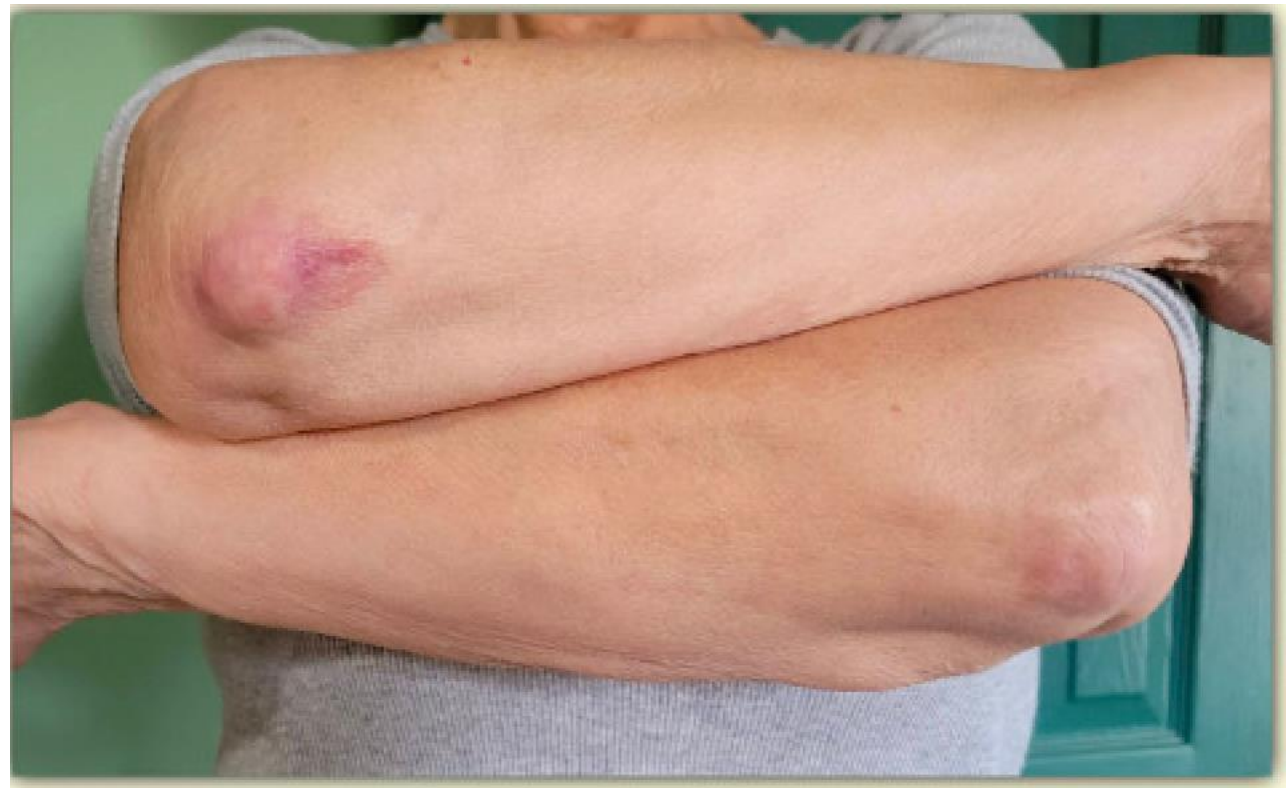
- Treated with doxycycline for 28 days with improvement in the rash and in her nodules
- Second course of doxycycline resulted in further improvement
- No swelling
- Improved mobility
- Still paresthesia








FAILS



ACA

- Late Lyme manifestation
- May be sole feature of Lyme disease or follow prior symptomatic infection
- Does not resolve spontaneously (like ECM)
- Occurs on extremities; nodules described infrequently (2-3%)
- Begins with edematous erythema and violaceous discoloration
- May progress to atrophy
- Typically not diagnosed for a year or more

- Often diagnosed as vascular insufficiency, venous insufficiency, superficial thrombophlebitis, hypostatic eczema, arterial obliterative disease, acrocyanosis, livedo reticularis, lymphedema, or chilblains

- Older women
- Felt to not occur in US, but there are scattered reports and Borrelia burgdorferi sensu stricto is found in European patients; B afzelli predominates
- Definition includes the right clinical appearance, +Lyme antibody test and biopsy showing compatible inflammatory changes*
- Spirochettes demonstrated in ACA in a higher number of cases than ECM

If at first you don’t succeed try, try again!

- Thank you

- And thanks to my dermatology colleague at DHMC, Dorothea Barton, MD, plus Rob LeBlanc, MD pathology, and Shaofeng Yan, MD pathology, as well as the patient

References

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