

# Erythematous pigmentation of the arm for more than ten years

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## CASE REPORT

A 43-year-old female visited the outpatient department because of an erythematous pigmentation of the left arm for more than ten years. The fading started on the forearm and extended to the upper arm. She developed cutaneous swelling and nodules on the elbow. She did not complain of any joint pain. Physical examination revealed a red-purple pigmentation on a thin atrophic skin (*figure 1*) and four firm nodules on the left elbow (*figure 2*).

## WHAT IS YOUR DIAGNOSIS?

See page 179 for the answer to this photo quiz.

**Figure 1.** Red-purple pigmentation on a thin atrophic skin



**Figure 2.** Four firm nodules on the left elbow



ANSWER TO PHOTO QUIZ (ON PAGE 176)

ERYTHEMATOUS PIGMENTATION OF THE ARM FOR MORE THAN TEN YEARS

**DIAGNOSIS**

A biopsy of the skin showed a small epidermis and a lymphohistiocytic infiltration of the dermis. Biopsy of a nodule showed collagenous connective tissue with histiocytic elements. Laboratory investigations showed a positive test for *Borrelia burgdorferi* (IgG).

On the basis of the clinical, histopathological and serological findings, the diagnosis acrodermatitis chronica atrophicans (ACA) with juxta-articular fibrotic nodules was established. ACA is a late stage of Lyme borreliosis. It is usually distributed on the lower legs and feet. In 10 to 20% of patients with ACA, localised increase of dermal collagen leads to juxta-articular fibrotic nodules.<sup>1,2</sup> As in most cases, our patient did not remember a tick bite or erythema chronicum migrans at the site of the ACA.

Treatment is important to prevent progression and the development of extracutaneous complications such as neuropathy, tendinitis and arthritis.<sup>3</sup> Our patient was treated with doxycycline 100 mg twice daily for one month. Seven months later the noduli had disappeared (*figure 3*) and there was a clear decrease in the pigmentation (*figure 4*).

**REFERENCES**

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2. Marsch W, Mayet A, Wolter M. Cutaneous fibroses induced by *Borrelia Burgdorferi*. Br J Dermatol 1993;128:674-8.
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**Figure 3.** Seven months later the noduli had disappeared



**Figure 4.** Pigmentation had clearly decreased

