Conlicts of Interest

The authors declare that they have no conflicts of interest.

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Dermoscopic findings in solitary reticulohistiocytosis

Hallazgos en dermatoscopia del reticulohistiocitoma cutáneo solitario

To the Editor:

Solitary cutaneous reticulohistiocytosis, initially described by Zak in 1959,1 is a variant of multicentric reticulohistiocytosis that is limited to the skin. It is a rare condition that is characterized by rapid growth of a single brownish-yellow or reddish lesion, which is usually asymptomatic. It typically presents on the trunk or the limbs, and rarely on the face.2 Histology is characterized by a dermal infiltrate of histiocytes with an eosinophilic cytoplasm with a ground-glass appearance and prominent nucleoli.2 An inflammatory infiltrate composed mainly of lymphocytes is also observed. Hyperkeratosis and, occasionally, parakeratosis may be observed. Immune staining is positive for lysozyme, CD68, and CD163 and negative for CD3, CD20, CD30, human melanoma black-45, and keratins. The condition is not associated with other diseases and recurrence after excision is very rare.

We report the case of a 51-year-old man with no relevant personal history other than hypercholesterolemia, which was being treated with simvastatin. He reported the sudden appearance of an asymptomatic papular lesion...
(molluscum contagiosum), parasitic conditions (scabies), and inflammatory diseases (lichen planus and psoriasis) is currently being studied. Xanthogranulomas are characterized dermoscopically by a central yellow-orange area with a slightly more erythematous periphery, similar to that observed in our patient. This finding has been called the sign of the setting sun and is considered indicative of the presence of xanthomatous histiocytes. Recently, another article on dermoscopy of solitary yellow lesions reported some additional characteristics that may facilitate the differential diagnosis. Thus, xanthomatous dermatofibromas present a fine pigmented reticulum peripherally and xanthogranulomas show dotted vessels. Dermoscopy of solitary reticulohistiocytoma has been described in a case report, revealing dotted vessels, as with the xanthogranuloma, and light-brown globules, which were hemosiderin deposits, on a yellow background. None of these additional findings were observed in our patient.

We believe that dermoscopy may be useful for guiding diagnosis toward histiocytosis of non-Langerhans cells, particularly in variants in which the histiocytes are xanthomatous.

Conflicts of Interest

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