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Erythema gyratum repens secondary to acute myeloblastic leukemia**Alexandre Malek¹, Patric-Eric Nasnas² and Roy Nasnas¹**¹Saint Joseph University, Lebanon²Lebanese American University, Lebanon

An 80 year Caucasian man was admitted to the hospital for prolonged fever, weight loss and general status alteration. He noted a pruritic skin lesion. As past medical history, he had been treated for Hodgkin lymphoma in 1994 and non-Hodgkin lymphoma in 2004. An year ago, he developed myelodysplastic syndrome. Thoraco-abdominopelvic CT scan, gastroscopy and colonoscopy were normal. PPD skin test was negative and pan cultures were sterile. The physical examination was normal except the presence of multiple, annular, rapidly growing erythematous plaques over the right thigh. Bone marrow aspirate and biopsy revealed acute myeloblastic leukemia (AML). Diagnosis of Erythema Gyratum Repens (EGR) was made on clinical ground and it was secondary to AML. EGR in 80% of cases is related to underlying malignancies most notably lung cancer. However, EGR in 20% is associated with non-neoplastic diseases such as pulmonary tuberculosis, autoimmune or connective tissue conditions.

Biography

Alexandre Malek is a Medical Doctor graduated in 2012. He then did Internal Medicine and now he is in his last year of Infectious Disease Speciality. He did his studies at Saint Joseph University, Faculty of Medicine, Beirut, Lebanon. Currently, he is doing one year internship in Infectious Disease in Paris, France.

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