Images in Rheumatology

Clinical Images: Bazin’s Disease (Erythema Induratum)

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Our case highlights the similarity between erythema nodosum (EN) and erythema induratum (EI) and illustrates the importance of Mantoux testing in investigations of patients with vasculitis, particularly those from tuberculous-endemic areas; as well, it points to the need for biopsy if apparent EN has atypical or prolonged course or is complicated by ulceration, and the resolution of EI with anti-TB treatment alone.

A 16-year-old Indonesian girl with a 2 year history of Sjögren’s syndrome (SSA/SSB-positive) and hepatitis C and taking no medications presented with a 2 week history of painful erythematous nodules over the anterior aspect of her lower limbs (Figure 1A) and forearms. The clinical picture was that of EN. Investigations including a chest radiography were normal, apart from positive Mantoux with 20 mm induration. Biopsy of a nodule showed granulomatous inflammation extending from the dermis into the panniculus, with no evidence of nerve or vessel involvement (Figure 1B). Ziehl-Neelsen stains for Mycobacterium tuberculosis were negative, as was DNA polymerase chain reaction (PCR). A diagnosis of EI was made and the patient commenced anti-TB treatment. Followup several weeks later showed resolution of the skin lesions.

Bazin’s disease (EI) is an under-recognized chronic recurrent condition characterized by painless, deep-seated, subcutaneous induration, which gradually extends to the skin surface, forming bluish-red nodules or plaques, which then often ulcerate. The morphologic, molecular, and clinical data suggest that EI represents a hypersensitivity reaction to tubercle bacillus. As described, it is not unusual to have negative cultures and fail to detect M. tuberculosis by PCR amplification.

REFERENCES

Figure 1. A. Vasculitis lesions were red, tender, raised, and predominantly over the anterior aspect of the leg. B. Histopathological findings from a subcutaneous nodule biopsy on the lower leg, showing florid granulomatous inflammation. No organisms were seen. Special stains for mycobacterium and fungi were negative.