Progressive Multicentric Reticulohistiocytosis

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Shown here are a photograph and X-ray of a 56-year-old woman with two-year history of multiple erythematous skin nodules on the dorsum of both hands (Picture 1A, 1B), and a six-month history of arthritis in the shoulders, knees, and interphalangeal joints of hands. Histologically, the skin nodule (Picture 2A) and the synovium (data not shown) from the left knee revealed multinucleated histiocytic giant cells and marked infiltration of histiocytes with abundant eosinophilic cytoplasm. Immunohistochemistry from the synovium was positive for KP1 (CD68) (Picture 2B) and negative for S100 (data not shown) (1, 2). The diagnosis of multicentric reticulohistiocytosis was made based on these histopathological findings and systemic arthritis. She was treated with prednisolone (40 mg/day) and alendronate sodium hydrate (10 mg/week). Although her arthritis was improved in one month, the skin nodules did not disappear. The interphalangeal joints of both hands were severely damaged even after undergoing treatment for seven years (Picture 1C, 1D). Her shoulder and knee joints were mildly involved and did not show clinical improvement after the treatment.

The authors state that they have no Conflict of Interest (COI).

References


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