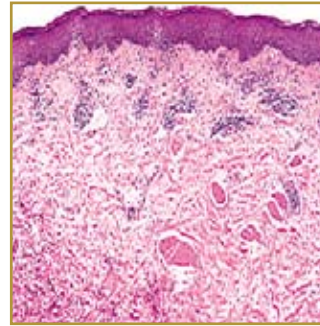


## ERYTHEMA ANNULARE CENTRIFUGUM



**EPIDEMIOLOGY:** Very rare and estimated to affect 1 in 100,000 per year

**ETIOLOGY:** Likely causes are fungal infections of the feet, candida infection, ascaris infestation, carcinoma, blood dyscrasias, drug sensitivity, dysproteinaemia and immunological disturbances

**PATHOGENESIS:** Unknown, but it is probably due to a hypersensitivity reaction to a variety of agents, including drugs, arthropod bites, infections (bacterial, mycobacterial, viral, fungal, filarial), ingestion (blue cheese *Penicillium*), and malignancy.

**CLINICAL:** Lesions form consists of redness (erythema) in a ring form (annulare) that spreads from the center (centrifugum)

**HISTOLOGY:** In the classic or deep excision, an intense, superficial and deep lymphocytic or lymphohistiocytic perivascular infiltrate in a coat-sleeve fashion is observed in the middle and lower dermis. In the superficial type, a more nonspecific perivascular lymphohistiocytic infiltrate about the superficial dermal vessels and edema of the papillary dermis is present.

**ERYTHEMA ANNULARE CENTRIFUGUM** is a lesion to have one or more annular lesion with a red, raised, firm border that will extend peripherally in the course of few weeks. Lesions may last from a few days to a few months. Likely causes are fungal infections of the feet, candida infection, ascaris infestation, carcinoma, blood dyscrasias, drug sensitivity, dysproteinaemia and immunological disturbances. Topical steroids usually cause involution of the treated lesions, but they do not prevent the occurrence of new lesions. Systemic or injection steroid therapy is effective, but the eruption returns once these drugs are withdrawn. If an underlying disease is present, treating the disease usually will stop the lesions.

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