Disseminated juvenile xanthogranuloma in a 3-year old boy – report of a rare case

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Sri Lanka Journal of Dermatology, 2007, **11**, 32

Abstract

Juvenile xanthogranuloma (JXG) is a benign, self-healing non-Langerhans cell histiocytosis of unknown aetiology, commonly occurring in infants and children. JXG is characterized by the development of either solitary or multiple yellowish cutaneous papules or nodules. We describe a case of disseminated cutaneous type juvenile xanthogranuloma presenting in 3 year old boy.

Introduction

Juvenile xanthogranuloma (JXG) is the most common type of non-Langerhans cell histiocytosis occurring predominantly in infants and children. Typical lesions are asymptomatic red-yellow papules and nodules on the scalp or in the axillae or groins, generally few in number.

Herein we describe a patient with disseminated cutaneous lesions without any evidence of systemic involvement.

Case history

A previously healthy 3-year old boy presented to the Paediatric Dermatology Clinic of the Lady Ridgeway Hospital for the assessment of papular eruption. The most characteristic finding on examination was thousands of papular eruption involving trunk, limb, face, scalp, palms and soles. Most were shiny yellowish and brown, 0.5 cm to 2 cm in diameter firm papules. Tentative diagnosis of disseminated juvenile xanthogranuloma made clinically.

Skin biopsy of a nodule shows foamy macrophages and multinucleated giant cells admixed with eosinophills and lymphocytes in papillary dermis confirming the diagnosis of juvenile xanthogranuloma. Chest x-ray, skull x-ray, and opthalmological assessment were normal.

Discussion

Juvenile xanthogranulomas are most common non-Langerhans cell histiocytosis of childhood which has a sporadic occurrence without sexual or racial predilection. It usually appears in early infancy, between 1 and 4 years. One lesion to hundreds of firm, reddish yellow papules and nodules develop continuously over 2 years. Multiple lesions are more common in children than in adults. Telangiectasias on surface are common with occasional superficial erosions. Disseminated, solitary, clustered, keratotic, lichenoid, pedunculated, subcutaneous and plaque-like are morphological variants of juvenile xanthogranulomas. Rarely do they have systemic involvement. Treatment is not necessary except ulcerated or large lesions where surgical intervention may be warranted. Juvenile xanthogranulomas has an excellent prognosis with involutiom within few years.

References

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