Two cases of 'eruption cheloid' / by William Anderson.

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TWO CASES OF "ERUPTION CHELOID."

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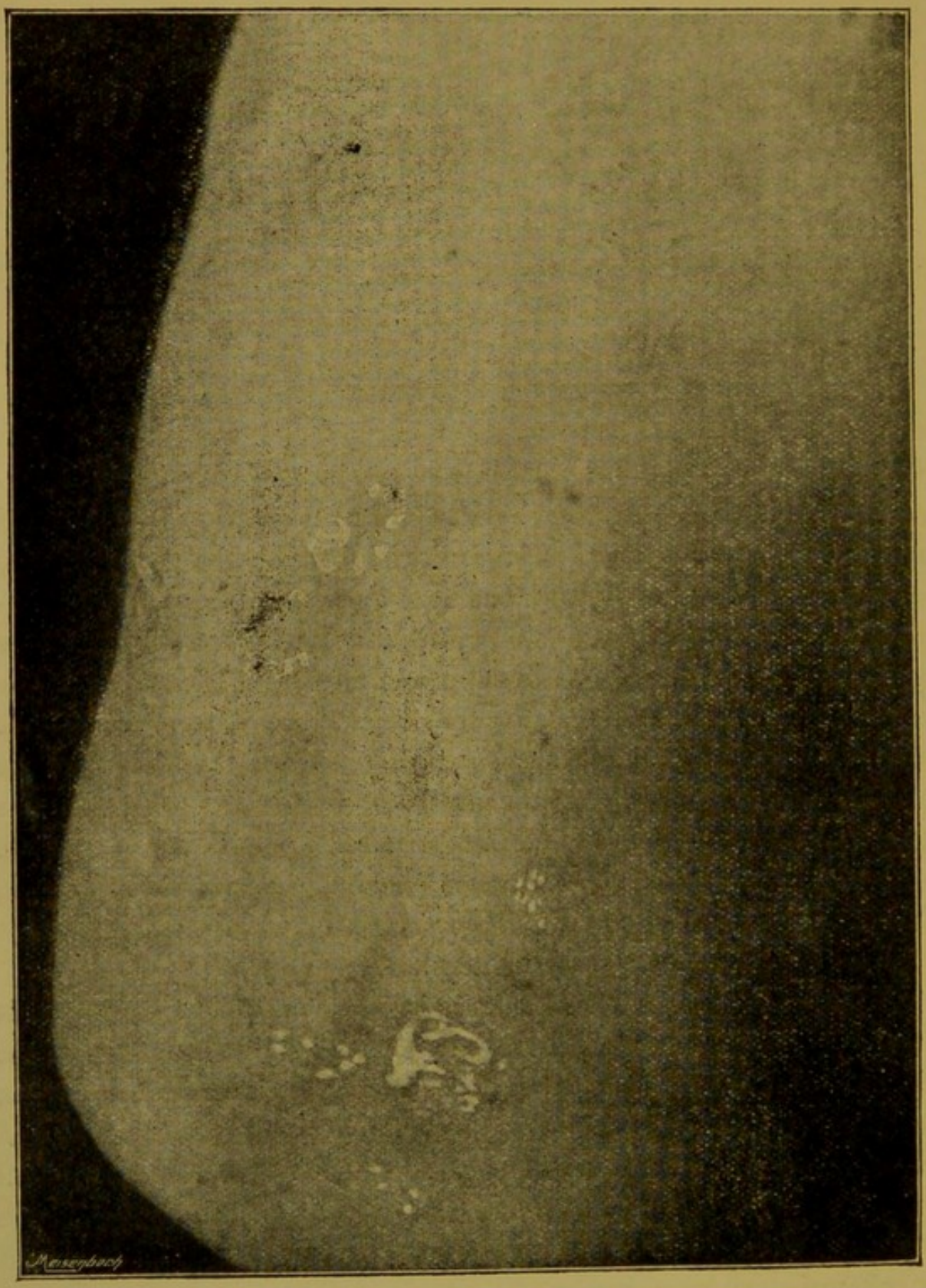
The two cases described below are examples of fibrous transformation in the skin, resembling cheloid in histological characters, and supervening upon atypical eruptions which bore some resemblance to lichen planus. Clinically, the "cheloid" patches showed no disposition to throw out the claw-like marginal extensions which gave the name to Alibert's disease, or to spread in any other way beyond the areas of the initial lesions, and they tended to disappear without leaving any distinct traces of their past existence. In one case the patches were of a peculiar milky whiteness, but in the other this was not observed. The microscopic appearances in both instances were those of the so-called "spontaneous cheloid," the dermic structures being replaced by bands of white fibrous tissue, while the superjacent papillæ and rete cones were left intact.

What relation these changes bear to those of typical cheloid it is difficult to say, but a clue will probably be found as our experience widens. There is no doubt that the entire pathology of the dermic fibromata, if such a term may be adopted to include cheloid and its allies, needs closer investigation. It seems probable that the cell transformation leading to these fibrous neoplasms may originate in any part of the derma where the tissue resistance has been weakened by inflammatory or other conditions, and that a pre-existent scar formation is unessential, and when present is to be regarded as rather a coincidence than a cause.

Cheloids have been observed after many skin lesions that involve

loss of tissue and consequent cicatrization, but they appear to be rare as a sequence of non-destructive eruptions. The only case I have been



MR. WILLIAM ANDERSON'S CASE OF "ERUPTION CHELOID."

able to discover that bears resemblance to those now recorded is one published by Dr. Purdon in the *Journal of Cut. and Ven. Diseases* in

1883, and quoted by Radcliffe-Crocker and Besnier. The cheloid in this instance was attributed by Besnier to the effect of the irritant applications employed in treatment, but there is no reason to adopt such an explanation in the cases which follow.

Case I.—H. H., a boy aged 13, attended as an out-patient at St. Thomas's Hospital in October, 1892. He had been suffering for four years from a cutaneous eruption distributed over the trunk and extremities, and consisting of dry reddish patches which disappeared more or less completely in the summer, but returned in the winter. The general health had always been good.

When seen he was a healthy-looking and very intelligent lad of good physical development and clear complexion. On both knees and elbows were irregular patches of typical scaly psoriasis, and on the trunk a number of circular or irregular reddish spots of somewhat different character, ranging in size from that of a threepenny-piece to that of a pin's head, not scaly, but with a dull surface, and surrounded by a pale areola contrasting with the slightly darker skin around. Intermingled with these upon the trunk, chiefly over the back, were numerous patches of a peculiarly milky whiteness with smooth, slightly elevated surface, devoid of hair-follicles, and in some places grouped into crescents. The patient said they appeared upon the site of the spots of eruption, and his statement was confirmed by the presence of a patch actually in process of transition.

One of the milky spots was excised after the injection of a solution of cocaine. On examination under the microscope it was found to consist of fibrous interlacing bands like those of cheloid, replacing the dermic elements, and covered with unchanged papillæ and rete cones. The vessels at the margin were somewhat enlarged and surrounded by areas of nuclear proliferation.

The eruption was treated with chrysophanic ointment, under which the scaly patches on the extremities improved rapidly and disappeared. Some of the scaleless spots on the trunk yielded slowly, but eventually passed away, leaving only a little staining and roughness and a few additional milky patches, while others were rebellious to treatment. The boy was so far relieved that he absented himself for a time, but in November he returned with a fresh eruption, bearing a strong resemblance to lichen planus, but not quite identical with it, and confined to the trunk. The spots were of smaller size

than those of the original eruption, not exceeding two or three lines in diameter, pale red, slightly shiny, and faintly pigmented. There was a little itching, but the patient did not scratch the skin. It was noticed that a circle drawn with a moistened stick of nitrate of silver around one of the spots became the seat of a ring of eruption in the course of a few days, but this subsided at the end of a fortnight. The milky white patches were still present, but some had become slightly altered in form and reduced in size, and a few had vanished without leaving any visible scar.

During 1893 the patient returned at intervals. The eruption varied in character and extent, but never disappeared entirely. The spots still remained indeterminate in aspect, sometimes bearing more resemblance to psoriasis, sometimes more to lichen planus, and were but little affected by local or internal remedies. He has now ceased to attend.

Case II.—N. H., a milliner, aged 26, attended as an out-patient at St. Thomas's Hospital in July, 1890. She had been suffering for some months from an eruption on the backs of the hands. The spots were of small size, raised, and slightly indurated, ranging from one to two lines in diameter, irregular in outline, pale red in colour, and slightly shining on the surface. They bore considerable resemblance to lichen planus, but were attended with very slight irritation. The rest of the skin was healthy. The patient was of feeble constitution, with a family history of tuberculosis, and some of the cervical lymphatic glands were enlarged.

One of the spots was excised a month later, and on examination of a section under the microscope the appearances were found to be precisely the same as those described in the preceding case. Meanwhile the eruption had become paler and flatter, and in the course of the next three months it disappeared entirely under treatment with an ointment containing carbolic acid, leaving no mark of any kind. It has, however, recurred on two occasions, lasting each time for about six months. The patient has since undergone two operations for the removal of tubercular glands from the neck, and is about to submit to a third.

The sections of the skin in the two cases were exhibited at the Dermatological Society of London and at the First Congress of the Dermatological Society of Great Britain and Ireland.

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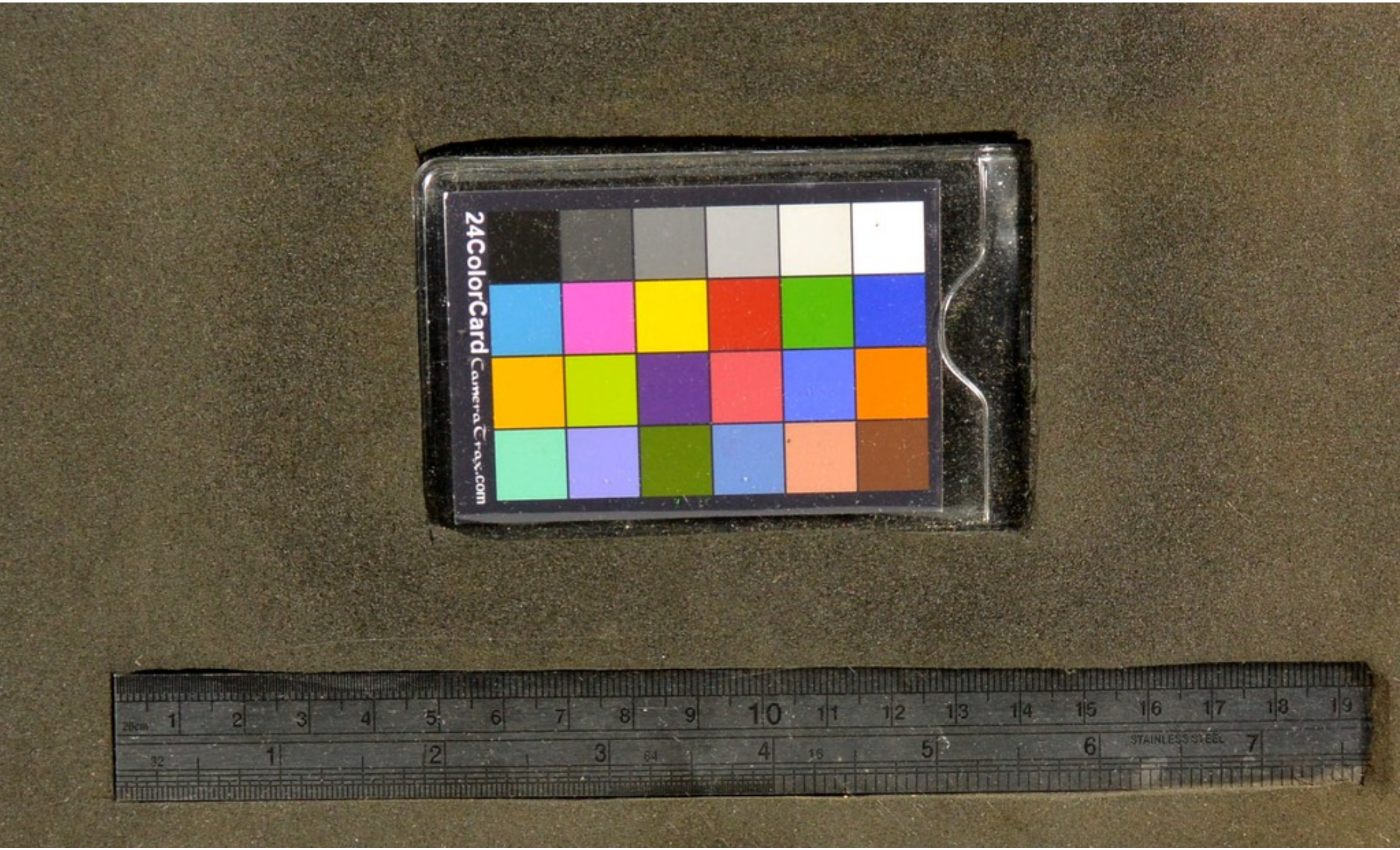
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