



IMAGES IN PAEDIATRICS

Skin lesion: the relevance of epidemiological background



Lesión cutánea: la importancia de los antecedentes epidemiológicos

María Aldaba^a, Teresa del Rosal^b, Iker Falces-Romero^c, María de Ceano-Vivas^{d,*}

^a Servicio de Pediatría, Hospital Universitario La Paz, Madrid, Spain

^b Servicio de Pediatría, Enfermedades Infecciosas y Tropicales Pediátricas, Hospital Universitario La Paz, Madrid, Spain

^c Servicio de Microbiología, Hospital Universitario La Paz, Madrid, Spain

^d Servicio de Urgencias Pediátricas, Hospital Universitario La Paz, Madrid, Spain

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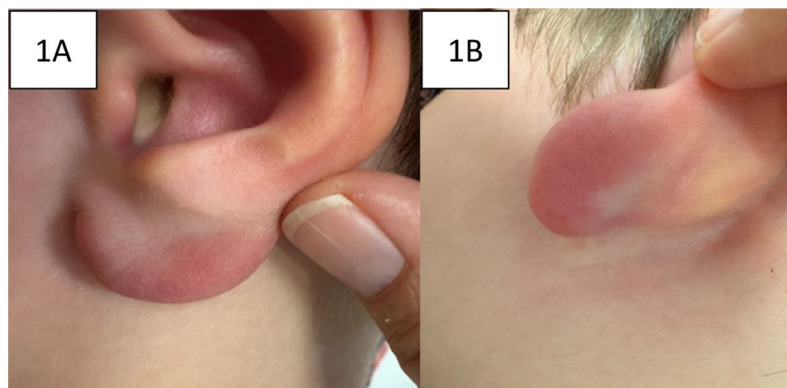


Figure 1 (A) and (B) Lymphocytoma on arrival to the emergency department.

A previously healthy boy aged 2 years presented to the emergency department with a painless erythematous nodule measuring 2×1.5 cm on the left earlobe, with onset one month prior and treated with a topical corticosteroid

without improvement (Fig. 1, A and B). The patient was afebrile and had no other symptoms. He had been bitten by a tick in the left retroauricular region approximately four months before, during a trip to Switzerland, for which he did not receive antibiotic prophylaxis. A serologic test for *Borrelia burgdorferi* was positive for IgG antibodies, a result confirmed by Western blot at the Centro Nacional de Microbiología (National Microbiology Center). The patient received a diagnosis of lymphocytoma cutis and was treated with a 28-day course of oral amoxicillin at a dose of 50 mg/kg/day, with a favorable response (Fig. 2).

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* Corresponding author.

E-mail address: maria.dceano@salud.madrid.org
(M. de Ceano-Vivas).

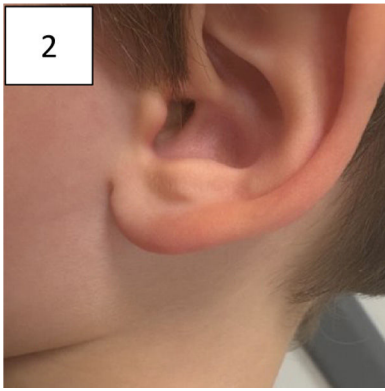


Figure 2 Lymphocytoma after three weeks of treatment.

Lymphocytoma cutis is an infrequent manifestation of the early disseminated stage of European Lyme disease. This disease is caused by different *Borrelia* species, such as *B burgdorferi* or *B afzelii*, with the latter predominating and identified most frequently in cases in Central Europe.^{1,2} In

Spain, the incidence of Lyme disease is low,³ although globalization and the increase in international travel contribute to the occurrence of imported cases. The investigation of the epidemiological context in the history-taking and the early identification of these uncommon manifestations are essential for preventing the systemic complications characteristic of disseminated Lyme disease.

References

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