The patient began treatment with topical mometasone furoate, applied twice daily, and complete resolution of the skin eruption was seen after 3 to 4 weeks. A monthly clinical follow-up program was subsequently commenced, and the patient had no recurrence of any inflammatory papule or nodule nor clinical or biochemical evidence of lymphoma after 15 months.

Discussion | The term pseudolymphoma designates a group of reactive lymphocytic disorders that involve an inflammatory response to known or unknown stimuli simulating malignant lymphomas both clinically and histologically.2 To our knowledge only 2 cases of cutaneous multiple pseudolymphomas induced by *H medicinalis* have been reported.3,4 Smolle et al5 described multiple pseudolymphomas on the lower legs of a woman receiving leech therapy for venous insufficiency. More recently, Choi and Kim6 reported a similar case on the lower legs of a Japanese man who hadinfraorbital dark circles treated with *H medicinalis*.

Medicinal leeches have historically been used as a nonconventional treatment for chronic venous insufficiency and are now frequently used in plastic surgery.3,5 In addition, less common applications such as osteoarthritis, muscular pains, or injuries have been reported.6

In conclusion, with the increasing popularity of traditional and alternative medicine, *H medicinalis* therapy is becoming increasingly popular, and we all need to be aware that pseudolymphoma represents a possible complication in this type of treatment.

David Altamura, MD
Eduardo Calonje, MD, DIP, RCPath
Jia Li Liau, MD
Martyn Rogers, MD
Roberto Verdolini, MD, FRCP

Author Affiliations: Department of Dermatology, The Princess Alexandra Hospital Trust, Harlow, Essex, England (Altamura, Liau, Rogers, Verdolini); Department of Dermatopathology, St John's Institute of Dermatology, Guy's and St Thomas' Hospital Trust, London, England (Calonje).

Corresponding Author: Davide Altamura, MD, Department of Dermatology, The Princess Alexandra Hospital Trust, Harstel Road, Harlow, Essex CM20 1QX, England (Davide.Altamura@pah.nhs.uk).

Published Online: May 14, 2014.


Conflict of Interest Disclosures: None reported.


nated glove (4H) appears relatively impermeable to MMA, but widespread use is limited by cost and diminished dexterity.2,3 Allergic contact dermatitis induced by MMA may result in significant discomfort and is seen frequently after occupational exposure among dentists, dental technicians, orthopedic surgeons, and other health care workers. Second- and third-digit fingertips are commonly involved.3 Nail dystrophy and fingertip paresthesias have also been reported.4 Severe cases of MMA-induced dermatitis can even necessitate profession changes.3

Purpuric contact dermatitis has been reported in patients sensitized to agents such as textile dyes, formaldehyde, and epoxy resins.5 We report herein the second case, to our knowledge, of MMA-induced PCD.6 Although patch testing is considered the diagnostic gold standard for suspected allergic contact dermatitis, this patient’s strong contact history and rapid, sustained resolution of symptoms with allergen avoidance allowed for clinical diagnosis. Fingertip purpura may appear alarming to unsuspecting clinicians and may prompt an extensive workup. We encourage physicians to consider PCD in patients with potential contact exposures.

Lauren Strazzula, BA
Shinjita Das, MD
Vinod E. Nambudiri, MD, MBA
Daniela Kroshinsky, MD, MPH

Author Affiliations: Department of Dermatology, Massachusetts General Hospital, Boston.
Corresponding Author: Daniela Kroshinsky, MD, MPH, Department of Dermatology, Massachusetts General Hospital, 50 Staniford St, 200, Boston, MA 02114 (dkroshinsky@partners.org).
Published Online: May 21, 2014.
Conflict of Interest Disclosures: None reported.

Elastosis Perforans Serpiginosa: A Case of a Penicillamine-Induced Degenerative Dermatosis

Report of a Case | A man in his 60s presented in reduced general condition and with asymptomatic brownish-red papules organized in multiple arcuate to annular formations on his upper trunk and arms (Figure 1). A prominent cutis laxa and cutis rhomboidalis nuchae were noted. At the time of presentation, he had been treated for Wilson disease with daily doses of D-penicillamine (1.0-1.5 g/d) for more than 40 years.

Histopathologic analysis revealed channels through the epidermis formed by follicular epithelium (Figure 2A). The infundibula were filled with granular cellular debris, neutrophils, and corneocytes (Figure 2A and C). The interfollicular tissue showed a mixed inflammatory infiltrate. Elastic van Gieson staining demonstrated an accumulation of altered elastic fibers (Figure 2B) within the upper part of the dermis.

From the clinical and histopathologic findings, the diagnosis of elastosis perforans serpiginosa (EPS), caused by long-term ingestion of D-penicillamine, was made.

Figure. Purpuric Contact Dermatitis in Reaction to Methyl Methacrylate

A, Mild edema and erythema with superficial desquamation is seen along the first, second, and third digits. B, A prominent purpuric patch located on the distal tip of the first finger was noted on the patient’s left hand.