Septal Panniculitis Associated with Infectious Mononucleosis

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Key Words

Erythema nodosum
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Erythema nodosum (EN) is probably an immunologically mediated hypersensitivity reaction that has been described in association with several infectious diseases [1]. Most clinical symptoms of acute Epstein-Barr virus (EBV) infections are due to the host's immune reaction [2], and this virus has been related to some reactive skin lesions, such as infantile papular acrodermatitis [3], but rarely to EN.

A 21-year-old woman presented with a 15-day history of tender, erythematous nodules symmetrically located over the chin. She also complained of arthralgias of the feet and knees, without arthritis. Twenty days before the onset of cutaneous lesions, she had fever, chills and sore throat, and a Paul-Bunell test and IgM antibodies to the capsid antigen of EBV were positive. She was treated only with acetylsalicylic acid.

On admission, cutaneous erythematous nodules on the legs were still evident. Cervical lymphadenopathies were palpable. The remainder of the physical examination was unremarkable. Hematologic analysis showed a mild lymphocytosis (7,000 leukocytes/mm³ and 3,520 lymphocytes/mm³) with 4% of atypical lymphocytes (normal < 2%). The following studies were within normal limits: general biochemistry (which includes glucose, serum lipids, liver enzymes, bilirubin, creatinine), urinalysis, lipase, amylase, alpha-1-antitrypsin, C-reactive protein, rheumatoid factor, antinuclear antibodies, anti-streptococcal DNAase, Mantoux, and chest radiology.

A biopsy of one of the leg nodules showed a septal panniculitis: the center of the lobules was spared, while the septa were widened with edema and inflammatory infiltrate, predominantly composed of lymphocytes, histiocytes and a variable number of giant cells, as well as a small number of neutrophils. Focal necrosis of fat cells adjacent to the septa, along with inflammatory infiltrate, was also evident. Hemophagocytosis was not found.

Recovery was uneventful and skin lesions resolved within 2 weeks. There were no new lesions after 1 year of follow-up.

EN has been exceptionally described in association with infectious mononucleosis (IM) caused by cytomegalovirus [4] or EBV [5-7]. We have found only 3 cases [5-7] reported in the

literature, but none of them were confirmed by histopathological examination. In a series of 270 cases of EN seen in our department from 1983 to 1990, none were associated with clinical or hematological features of IM.

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