Ofuji Papuloerythroderma – Pattern

V.		Bettoli
L.		Mantovani
W.		La Malfa

Department of Dermatology, University of Ferrara, Italy

Vincenzo Bettoli, MD, Department of Dermatology, University of Ferrara, C.so Giovecca 203, I-44100 Ferrara (Italy)

A recent issue of Dermatology offered not only 3 case reports on Ofuji papuloerythroderma (OP) but also an interesting editorial on the same subject [1[^]1]. The question under discussion was: is OP a distinctive clinical situation corresponding to a specific pathologic process or a pattern of expression of many inflammatory dermatoses?

We are in favor of the second option for the following reasons. First of all, some cases of OP have been correlated to different specific diseases such as lymphomas [5-8], hypereosinophilic syndrome [9] and cancers [10,11]. Various assumptions have been proposed for other cases: atopic dermatitis [12], eczema [9] and drug reaction [9].

Therefore the clinical aspects of OP have been present in different varieties of erythro-derma in old people, both of known and unknown origin.

Secondly, the biological-clinical features considered typical of OP as lymphopenia, lymphadenopathy, eosinophilia and increased IgE are not constantly present, and their levels are only sometimes greatly altered. These features appear frequently in pruriginous erythrodermas of known and unknown origin, in old people. For this reason we think that they cannot be considered particular to OP as a specific pathologic process.

Furthermore it is noteworthy that pruritus and old age are always present in patients with OP. In our opinion OP appears only in old people because the loss of elasticity of their skin allows the creation of many deep skin folds which give birth to the 'deck chair sign' and the papular reticulated pattern preceding erythroderma. The reason why the bottom of the fold is respected is unknown. We assume that the pressure exerted by folded skin on capillary vessels might be responsible. OP is probably not so rare. We have recently diagnosed 3 further cases.

In our opinion OP is a pattern of expression of many varieties of erythrodermas in old people. Its diagnosis has a scarcely practical significance because it does not solve the problem of the differential diagnosis of erythrodermas in old people.

References

Saurat JH: Papuloerythroderma: Disease or pattern? Dermatology 1993;186:163. Lacour JP, Perrin C, Ortonne JP: Ofuji papuloerythroderma: A new European case. Dermatology 1993;186:190-192. Boden G, Degreef H, Van Den Oord JJ: Papuloerythroderma: Report of a European case. Dermatology 1993;186:193-196.

Bettoli V, Mantovani L, Altieri E, Strumia R: Ofuji papuloerythroderma: Report of a European case. *Dermatology* 1993;186:187-189. Grob JJ, Collet-Villete AM, Horkowski N, Dufaud M, Prin L, Bonerandi JJ: Ofuji papuloerythroderma. *J Am Acad Dermatol* 1989; 20:927-931.

Plantin P, Milochau P, Leroy JP, Berthou C, Sensebe L, Abgrall JF, Guillet G: Papulo-érythrodermie d'Ofuji: efficacité de l'interféron alpha. *Ann Dermatol Vénéréol* 1992;119: 643-645.

Takiguchi Y, Shimada K, Suzuki M, et al: A case of B-cell lymphoma preceded by papuloerythroderma (Ofuji). *Jpn J Clin Dermatol* 1987;41:985-989.

Nakajima M, Hashikawa Y, Komatsu Y, et al: Leukemic T-cell lymphoma with lichen ruber-like erythroderma. *Rinsho Derm (Tokyo)* 1988;30:1523-1525.

Bachmeyer C, Petit A, Nahmias M, Sigal-Nahum M: Papulo-érythrodermie d'Ofuji: aspect clinique d'un syndrome hyperéosinophile? *Ann Dermatol Vénéréol* 1991;118: 895-897.

Ofuji S: Papuloerythroderma. *J Am Acad Dermatol* 1990;22:697.

Akioka J, Moriwaki SI, Yagi H, et al: A case of papuloerythroderma: An association with early cancer. *Acta Dermatol* 1988;83:181-184. Wakeel RA, Keefe M, Chapman RS: Papuloerythroderma: Another case of a new disease. *Arch Dermatol* 1991;127:96-98.