

# Robust Response of a Rare Multinucleate Cell Angiohistiocytoma to Intralesional Corticosteroid Injection



Maya Hagander, BA<sup>1</sup>; Danielle Nelson, MD<sup>2</sup>; Aaron D Smith, MD<sup>1</sup>; Lu Q Le MD, PhD<sup>2</sup>

<sup>1</sup>University of Virginia School of Medicine and <sup>2</sup>Department of Dermatology, UVA Health System



## INTRODUCTION

- Multinucleate cell angiohistiocytoma (MCA) is a rare cutaneous disorder that most often presents as **clustered red-to-violaceous papules** on the hands and fingers of **middle-aged to older adults**<sup>1,2</sup>
- **Fewer than 150 cases** have been described in the literature as of 2020<sup>3,4</sup>
- Reported **successful treatments** have primarily involved **procedural or laser-based approaches**<sup>5</sup>
- Topical and intralesional corticosteroids (ILS) have generally been reported as ineffective<sup>5</sup>

We present a case of MCA with marked improvement after a single intralesional corticosteroid injection, counter to most existing literature

## CASE PRESENTATION

- 71-year-old woman
- Three asymptomatic, smooth, violaceous, firm raised nodules on the right dorsal hand
- Two present for 1 year and one present for 2 months
- Asymptomatic at presentation (*denied pruritus, tenderness, or changes to the lesion*)

### Initial Differential Diagnoses

Pseudolymphoma, B-cell lymphoma, sarcoidosis, granuloma annulare, epithelioid sarcoma, atypical mycobacteria, and classic (Mediterranean) Kaposi sarcoma.

## CLINICAL COURSE

### 1 INITIAL PRESENTATION

Three violaceous nodules on right dorsal hand

### 2 BIOPSY

Findings supporting diagnosis of MCA

### 3 INITIAL TREATMENT

Clobetasol 0.05% ointment for 5 months

### 4 CLINICAL CHANGE

Development of mild pain

### 5 INTERVENTION

Intralesional triamcinolone acetonide 1.0 mL at 40 mg/mL divided between two sites

### 6 FOLLOW UP

Return to clinic 8 months following injection



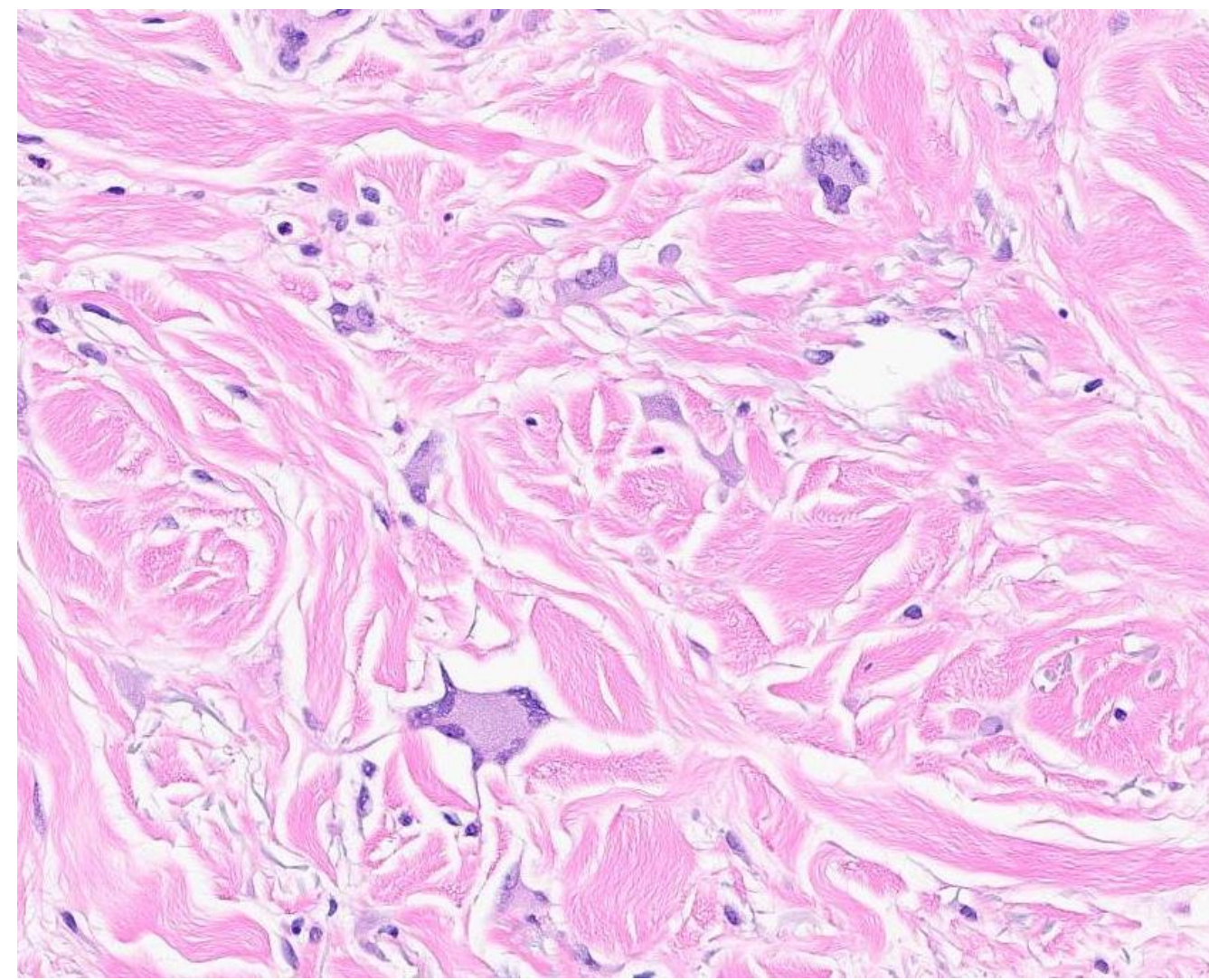
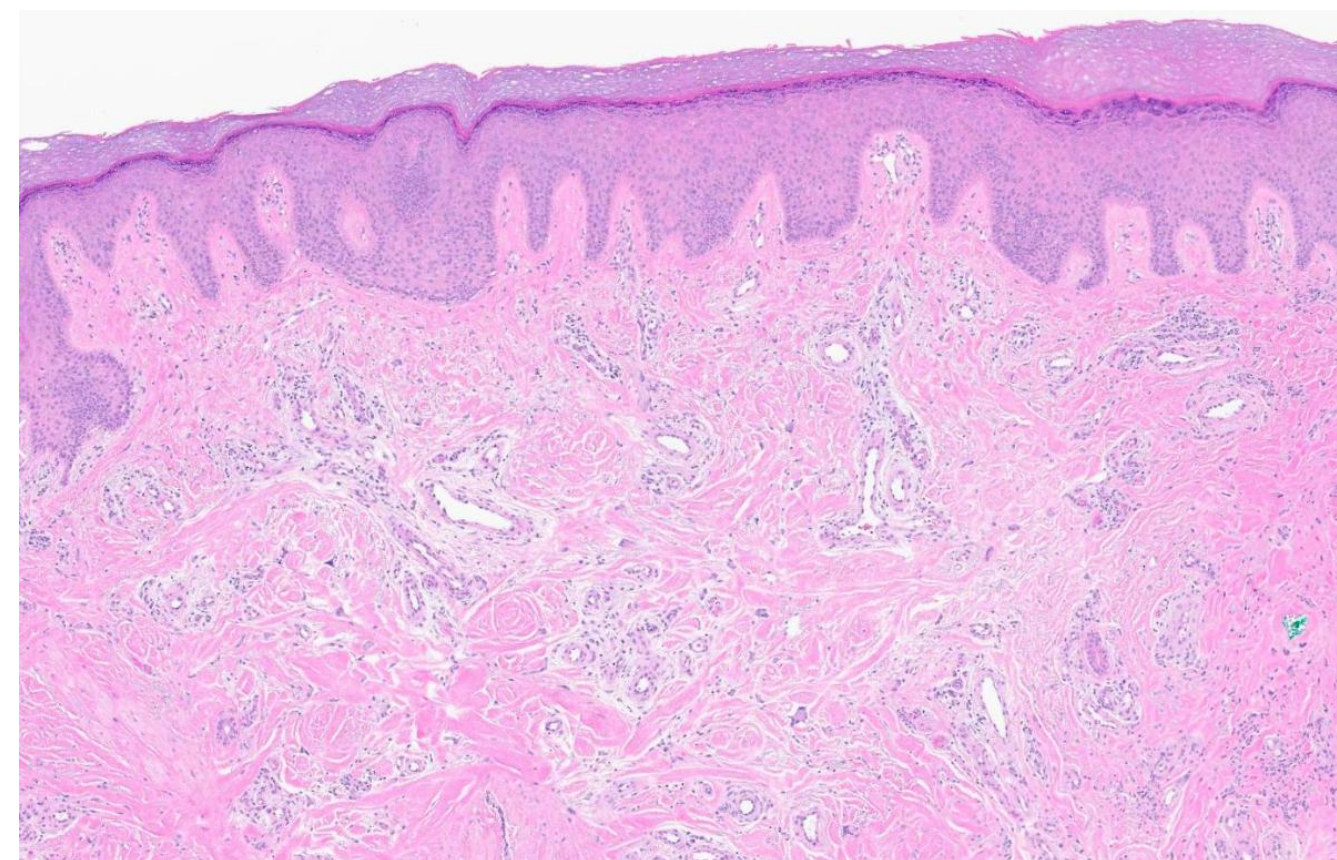
## OUTCOME AT 8-MONTH FOLLOW-UP

- Flattened pink papules 0.5 cm in diameter
- Reduction in induration and pigment
- Small patch of mild residual erythema
- Patient satisfied with cosmetic improvement

## DIAGNOSTIC WORKUP

### Histopathology (H&E)

- Proliferation of vascular channels in the superficial and mid-dermis
- Thickened dermal collagen
- Small lymphoid aggregates
- Scattered mononuclear and multinucleated cells



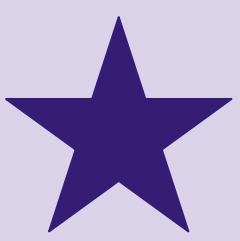
### Immunohistochemistry

- Negative HHV-8
- Mixed CD3+ and CD20+ B-cell infiltrate

## DISCUSSION

- This case demonstrates a **notable and robust clinical response of MCA to a single injection of high-concentration triamcinolone**
- This **contrasts with current literature** emphasizing procedural and laser therapies as the most effective modalities and describing limited benefits with corticosteroids
- Previous reports of limited efficacy should not preclude consideration of ILS

## KEY TAKEAWAY



**Intralesional corticosteroids may provide meaningful clinical improvement in selected patients with MCA**

## References

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