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ALLERGIC CONTACT GRANULOMA: AN UNCOMMON REACTION TO PIERCED EARRINGS IN A CHILD

Abstract: Allergic contact dermatitis associated with pierced earrings typically presents as erythematous patches and plaques, with prominent spongiosis histologically. The most common inciting metal is nickel. Allergic contact granulomatous reactions to pierced earrings are rare, and are often more nodular in appearance and associated with metals other than nickel. We hereby report the first case of allergic contact granulomas associated with pierced earrings in a child.

CASE REPORT

A 11-year-old Caucasian girl presented to our office upon developing nodules on her anterior and posterior earlobes bi-laterally several weeks after piercing her ears with gold earrings (Fig. 1). A presumed diagnosis of keloids was made and she was subsequently given a series of injections of intralesional kenalog, which resulted in temporary improvement for only two of the lesions, necessitating the need for biopsy.

Histopathologic findings from the right posterior earlobe showed tuberculoid granulomas with fibrinoid necrosis (Fig. 2). Repeated fungal and AFB stains and cultures were negative. Polarization of the tissue did not reveal foreign body. Chest X-ray, sedimentation rate, complete blood count, ACE levels and basic metabolic panel were all within normal limits. PPD was non-reactive. Patch testing was performed with the only known inciting metals of allergic contact granulomas: gold sodium thiosulfate, palladium chloride, and titanium dioxide (1–3). The patient developed exuberant erythema and vesicles at the site of gold sodium thiosulfate application and subsequently declined further testing with the actual earrings.



Figure 1. Nodule on posterior earlobe.

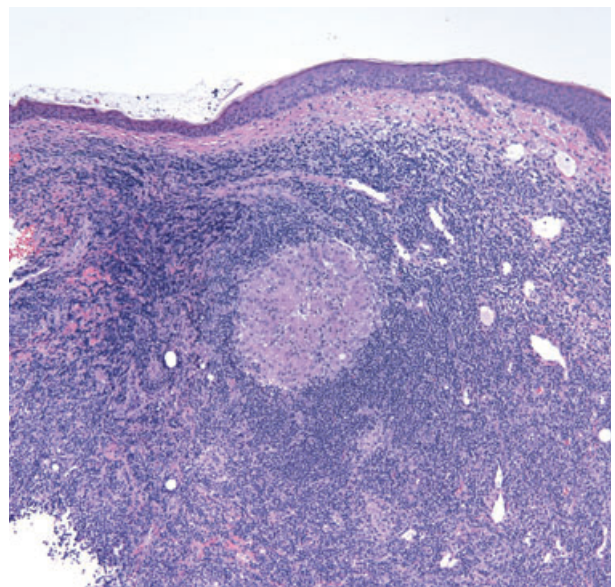


Figure 2. Tuberculoid granulomas with fibrinoid necrosis.

COMMENT

Allergic reactions associated with pierced earrings can present histologically as spongiotic, pseudo-lymphomatous, or granulomatous types of reactions. In our case, the diagnosis of allergic contact granulomas secondary to specific metals present in earrings was made histologically by the presence of tuberculoid granulomas, along with patch testing that was strongly positive for gold sodium thiosulfate.

Of the known inciting metals mentioned above, gold sodium thiosulfate is the most common causative metal, usually developing shortly after piercing (1). Palladium chloride can incite reactions both at the time of piercing or many years later (2,4). Titanium alloy, commonly used for body piercing can induce reactions if impure grades are used (3). Histologically, the reactions range from sarcoidal to tuberculoid type granulomas with fibrinoid necrosis. Typically polarization is negative in these cases because the amount of metal present is too small to be detected by this method. The standard of care for diagnosis is dependent upon patch testing with eventual development of granulomatous nodules at the test site.

The best recommendation for patients is surgical steel earrings, as they are highly resistant to corrosion and leaching of metal into tissue and are not known to induce allergic reactions (2). For body piercing, patients should request surgical grade 23 titanium alloy, a highly inert metal compared to lesser and more impure grades (4). "Nickel-free" or "hypoallergenic" earrings should be avoided as they often contain high amounts of palladium chloride (2). Historically, excision of lesions present has met most success for permanent resolution, with both topical and intralesional steroids producing only temporary reduction in size (2).

To our knowledge, this is the first case of allergic contact granuloma associated with pierced earrings in a child (1,2,4). Allergic contact granuloma should be considered as part of the differential diagnosis of nodules on the earlobe recalcitrant to intralesional kenalog. Our patient was reluctant to undergo excision, but has responded very well to a series intralesional kenalog injections followed by pulse dyed laser. Continuous follow-up is necessary to monitor for recurrence of the lesions.

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SOLITARY CUTANEOUS LEIOMYOMA IN AN INFANT

Abstract: This report describes a case of leiomyoma of the ankle occurring at an unusual age. A 5-month-old girl presented with an asymptomatic nodule on her left ankle.

Leiomyomas are benign smooth muscle tumors, with the majority being located in the uterus, tracheobronchial tree, lungs, kidneys, urinary bladder, and gastrointestinal tract. They may also arise from the smooth muscles of the cutaneous tissue (1). Cutaneous smooth muscle is present in three separate locations: arrector pili muscles, blood vessel walls, and genital skin or nipple. Benign or malignant smooth muscle neoplasms may arise from each of these locations. Cutaneous leiomyomas are more likely to occur in adults than in children, most often in the fifth and sixth decades of life (2). Leiomyoma in infancy, especially cutaneous leiomyoma, has rarely been reported in the literature (3). In this study, we present a case of leiomyoma in an infant, presenting as a solitary tumor on her ankle.

CASE REPORT

A 5-month-old previously healthy girl, whose parents were consanguineous, presented with a progressively enlarging mass on the medial aspect of her left ankle