ERYTHRODERMIC ACTINIC RETICULOID

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INTRODUCTION

Actinic reticuloid (AR) is a severe photodermatosis occurring in elderly male patients. It is part of the spectrum of chronic actinic dermatitis (CAD) (Norris and Hawk, 1990). A diagnosis of AR should only be made when all the following three criteria are present: (i) either persistently infiltrated skin on light-exposed areas or generalized erythroderma; (ii) photosensitivity to a wide range of wavelengths, including UV-B, UV-A and part of the visible spectrum; and (iii) on histologic examination, a dermal infiltrate with presence of atypical lymphocytes.

Erythroderma is not rare in AR. In the original series of ten patients described by Ive et al., at least six had episodes of erythroderma (Ive et al., 1969). Literature on erythrodermic AR, however, is very scarce. In particular, its resemblance to the Sézary syndrome (SS), an erythrodermic variant of cutaneous T-cell lymphoma (CTCL), has led to different opinions, such as: AR with Sézary cells (Neild et al, 1982), AR with progression into SS (Zugermann et al., 1980) and use of the term SS for erythrodermic forms of both CTCL and CAD (Chu et al., 1986).
In this chapter we present the clinical and histopathological data of ten patients with erythrodermic AR who were studied in our department.

CLINICAL FEATURES

All patients were elderly or middle-aged men with a generalized erythroderma. In several patients skin infiltration was more accentuated on exposed areas such as the face and dorsal parts of the hands. Loss of scalp hair as well as palmoplantar hyperkeratosis and onychodystrophy could be observed, especially in those patients with long-lasting erythroderma. In one patient large, bizarre patches of hyperpigmentation were present on both the trunk and arms and legs. (Figure 1a,b).

![Figure 1. (a) Bizarre patches of hyperpigmentation on trunk and extremities in erythrodermic actinic reticuloid. (b) Close-up of superior aspect of right leg.](image)

The duration of the erythroderma varied from 7 months to 6 years. Seasonal fluctuations were usually absent. Several patients had a marked erythroderma which was equally severe in summer and winter.

The range of photosensitivity is summarized in Table 1.