From: "ROOT" <root@sctimst.ac.in>
To: "ROOT" <root@sctimst.ac.in>
Date: 16/09/2025 08:08 AM
Subject: Invitation for CGR

Greetings from AIIMS, Rishikesh !!
The next CGR will be held on Sept 16, 2025, in the CPD Hall, AIIMS Rishikesh, from **8:00 AM to 9:00 AM**. You can join online through the following link:

Meeting link:
https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m52d926bc380b335e3ffaa729571f54c5

Tuesday, Sept 16, 2025, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2519 819 7765
Meeting password: 160925

Thanks & Regards
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

All India Institute of Medical Sciences Rishikesh

अखिल भारतीय आयुर्विज्ञान संस्थान ऋषिकेश

CLINICAL GRAND ROUNDS

Department of Dermatology, Venereology and Leprosy

16th September 2025

Name: Mrs A **UHID: 20250012396**	**Age/Sex: 66 /F**	**Residence: Painula, Uttarakhand**
Case Presenters: **Dr. Bipina Upadhayaya, (Academic JR)** **Dr. Anjali Bagrodia(SR)**		**Consultant in charge:** **Dr. Riti Bhatia**

Chief complaints:

Severely itchy red raised lesions all over the body X 3 months

Brief History:

The patient was apparently well 3 months back when she developed generalised itching followed by which she noticed red raised lesions over face and scalp which then progressed to involve the neck, trunk, and bilateral upper and lower limbs within one month. It was associated with itching which was severe enough to hamper her sleep. For these complaints, the patient visited an Ayurvedic medicine practitioner where she received oral and topical treatment for 1 month with initial mild improvement. Subsequently there was widespread involvement of body for which she was admitted in Government Medical College, Srinagar where she received oral steroids- tablet prednisolone 60mg, oral antihistamine hydroxyzine 25mg, and topical potent steroid mometasone for 5 days but with no improvement in her symptoms so she was referred to AIIMS, Rishikesh for further management.

General Examination

- Conscious and oriented to time, place and person with fair built, BMI = 22.24 kg/m2
- B/L inguinal lymph nodes enlarged (3x2 cm), mobile, non-tender
- No pallor, Icterus, clubbing, cyanosis, pedal edema

Vitals

- HR - 86 bpm, BP - 110/80 mm Hg, RR - 18/min, SpO2 - 98% on RA, Temp- 98.4 F

Systemic examination

- Respiratory System – B/L normal vesicular breath sounds, no added sounds
- Per abdomen - Soft, non-tender, no organomegaly, bowel sounds+
- Cardiovascular System - S1 S2 heard
- Central Nervous System - No focal neurological deficit

Mucocutaneous examination:

- Widespread involvement of about 85-90% of total body surface area (BSA) with generalized ill-defined blanchable bright erythematous plaques present all over the body. The lesions were seen to coalesce and become confluent involving head and neck, trunk, and bilateral upper and lower limbs, with only few areas of sparing on the legs. Multiple excoriation marks were present over the back.
- Palms: Diffuse erythema was present over bilateral palms
- Nails: Shiny nails with beau's lines seen
- Mucosa (conjunctiva,nasal,oral,genital) : Normal

Clinical Diagnoses: Erythroderma secondary to ? Senile-onset atopic dermatitis, ? Prodromal phase of Bullous Pemphigoid, ? Erythrodermic Cutaneous T-cell lymphoma/ Sezary syndrome, ? Paraneoplastic pruritus, ? Hypereosinophilic Syndrome

Investigations:

- Histopathology (7/02/25) S-745/25 : Epidermis shows parakeratosis, acanthosis, marked spongiosis. Upper and mid dermis shows dense lymphohistiocytic infiltrates in sheets and in periadnexal and perivascular region- will be discussed.
- Lymph node biopsy (LR-84/25): multiple partially encapsulated lymph nodes showing preserved nodal architecture, primary follicles are seen. Pale areas comprising predominantly of sinus histiocytosis admixed with interdigitating dendritic cells and langerhans cells- will be discussed
- Direct Immunofluorescence was done on 7/02/25 will be discussed
- Patch Test was performed on 9/02/25 will be discussed

Management

- Tablet Hydroxyzine 25 mg thrice daily (5/02/25 onwards)
- Halobetasol 0.05% lotion plus coconut oil (1:1) local application twice daily (5/02/25 onwards)
- Tablet Gabapentin 300 mg once daily at night (12-16/02/25), 450 mg once daily (17/02/25 onwards)

Summary:

A 66-years old female presented to Dermatology OPD with severely itchy erythematous lesions in generalized distribution for 3 months that had severe impact on quality of life. Examination revealed generalized blanchable, ill-defined, bright erythematous plaques involving about 85% body surface area. The patient was thoroughly investigated, and diagnosis was made based on clinical, histopathological findings, and exclusion of several possible causes of erythroderma. After about 2 weeks of treatment during hospital stay, she showed significant improvement and on subsequent follow-up no similar episodes occurred.