

Reactive Erythema Secondary to Adult T-Cell Leukemia and *Helicobacter cinaedi* Bacteremia

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A previously healthy 66-year-old man was admitted with a 4-day history of high fever and an extensive, nonpruritic, nonmigratory, erythematous rash with areas of induration over his torso (Figure 1A). Biopsy of the rash, which spontaneously subsided within 8 days, revealed only nonspecific superficial and deep perivascular lymphocytic infiltration, without vasculitis, granulomas, or immunohistochemical evidence of malignant cells (Figure 1B). Blood cultures grew spiral-shaped Gram-negative rods (Figure 1C), which were identified as *Helicobacter cinaedi* by polymerase chain reaction (PCR). *H. cinaedi* is a rare pathogen that is reported to cause bacteremia in immunocompromised hosts. Peripheral blood showed more than 2000/ μ L of lymphocytes with prominent hyperlobulated “flower-like” nuclei (Figure 1D), which were

CD4+/CD8– and CD25+ by flow cytometry. Human T-lymphotropic virus 1 (HTLV-1) antibody was positive, highlighting the fact that the patient’s mother was from southern Kyushu, Japan, where HTLV-1 is endemic. Diagnosis of adult T-cell leukemia was confirmed by southern blot hybridization analysis. We believe that this case makes an important addition to the library of annular or gyrate erythemas, which can be secondary to bacteremia, leukemia, or both.

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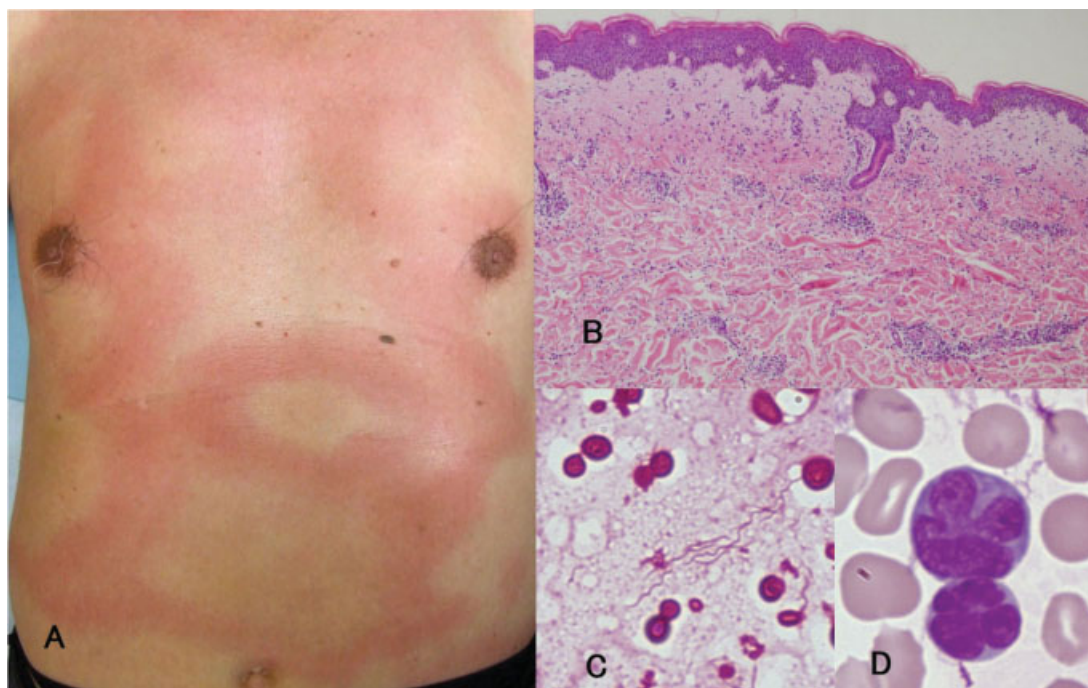


FIGURE 1. (A) Rash with areas of induration over the torso. (B) Biopsy of the rash. (C) Blood cultures with spiral-shaped Gram-negative rods identified as *Helicobacter cinaedi*. (D) Peripheral blood with >2000/ μ L lymphocytes with prominent hyperlobulated “flower-like” nuclei.