— Sun-221 —

A Case of Multicentric Reticulohistiocytosis

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BACKGROUND : Multicentric reticulohistiocytosis (MRH) is a rare systemic disorder of unknown etiology, characterized by severe destructive arthritis, development of cutaneous nodules, and about 25% association with malignancies as paraneoplastic disorders. Histologic analysis reveals multinucleated giant cells and smaller histiocytes. We report a case of multicentric reticulohistiocytosis which was presented with multiple arthritis and papulonodular skin lesions. We reviewed the clinical and pathological features, diagnostic methods and treatment modalities obtained from the case reports of those patient and compared it with previous western reports of the disease.

CASE : The patient, a 46-year-old woman, was admitted with multiple arthritis and papulonodular skin lesions for 2 months. Physical examination revealed multiple erythematous papules on the neck and hard nodules on both hands, elbows, great toes, and auricles. Musculoskeletal examination revealed pain and defomities in the DIP joints of both hands. The skin biopsy specimens from the hand and hard palate showed infiltration of histiocytes and bizarre multinucleated giant cells with smooth eosinophilic ground-glass cytoplasm. Rheumatoid factor was positive (20.0 IU/ml) and ANA was moderately positive (1:160 dilution-speckled 2+). Immunohistochemical analysis showed PAS (+), D-PAS(+) lysozyme (+), and LCA(+). Radiologic findings of both hands are bony erosion and mild degenerative change on the head of PIP joints and joint space narrowing and sclerotic change on the DIP joints. The bone scintigraphy showed increased uptake of isotope on both shoulders, elbows, wrists, and finger joints. The underlying malignant disease has not been found. She has been treated with low-dose corticosteroids, methotrexates, and hydrochloroquines. She improved in symptoms of multiple arthritis and skin nodules. We will continuously observe some change in her process of the disorder.

— Sun-222 —

Suicidal Colchicine Intoxication

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Colchicine has been used in the treatment of gout and Bechet syndrome. Overdose with colchicine is associated with a high mortality rate with death occuring secondary to rapidly progressive multiorgan failure. The adverse effects of the drug range from nausea, vomiting, diarrhea and abdominal pain to agranulocytosis, aplastic anemia and alopecia.

A 39 year old man was brought to the emergency room after ingesting colchicine 72 mg(120 tablets) over the previous 24 hours in an attempt to suicide. On arrival he reported abdominal pain, nausea and vomiting for the preceding 24 hours. Physical examination revealed symptoms consistent with shock. Laboratory investigations showed evidence of multiorgan failure and bone marrow failure. The hemodynamic status progressively worsened and he died 48 hours after admission.