

Cartas al Editor

Orbital Langerhans cell histiocytosis with focus on treatment

Dear Editor:

We read with great interest the article by Ulivieri et al regarding the treatment of an orbital eosinophilic granuloma (EG). The authors treated a 25-year-old male harbouring an orbital EG by curettage of the lesion after bicoronal skin incision. Follow-up examinations revealed no evidence of recurrence⁵.

EG is the mildest form of Langerhans cell histiocytosis and usually affects children and young adults. The most common presentation is that of a solitary skeletal lesion, usually of the calvarium². Surgical excision is the treatment mainstay. Nevertheless, other non-surgical treatments, such as the use of indomethacin, have been reported especially for lesions that are not accessible or when there is a danger for cosmetic defect³. In a series of 22 children with cranium EG, we encountered 3 biopsy proven periorbital EGs, in which due to the risk of disfigurement, we administered for a period of 6 months sulfamethoxazole and trimethoprim¹. After treatment all lesions were totally resolved. This management has been selected due to previous experience with this regimen in our institute⁴. Regarding the remaining 19 lesions in our series, radical surgical excision was performed and methylprednisolone was applied in the tumor bed. On follow-up examinations no tumor recurrence was noted¹.

We believe that surgery is the option of choice in most lesions of EG that are accessible. For the remaining lesions we propose, apart from intralesional corticosteroid injection, the administration of sulfamethoxazole and trimethoprim as an effective treatment. Future studies should be focused on this issue.

References

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Solitary eosinophilic granuloma of bone can present dilemmas of both diagnosis and treatment; since the clinical course of the disease is usually benign, a simple, minimally invasive form of treatment with a low rate of complications is desirable. In view of the possibility of spontaneous healing, complete surgical excision, when it's possible, or biopsy alone to confirm the diagnosis should be a strategy for treatment. My result supports this approach¹.

References

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