Bacillary angiomatosis in an immune competent patient: a case report from Iran

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Conflict of interest: none to declare

Received: 2 November 2013
Accepted: 18 January 2014

INTRODUCTION

Bacillary angiomatosis (BA) is a rare infectious disease that usually affects immunosuppressed patients. It is a vascular proliferative disease due to Bartonella henselae or B. quintana, the agents causing cat-scratch disease. The skin lesions of BA can be papules, warts, pedunculated lesions, subcutaneous nodules, or hyperkeratotic plaques. The patients usually have a history of contact with a cat such as licking, scratching, or biting. We present here a case that developed granuloma like lesions on the upper right side of the body including the arm, shoulder, chest, and upper back. This patient had no indication of immune deficiency or any history of direct contact with a cat.

CASE REPORT

A 26-year-old woman was visited at the outpatient clinic of the dermatology department of Emam Hospital, Ahvaz, Iran. She had pruritic red papules and plaques since 18 months ago. Some of the lesions were crusted and hemorrhagic. The lesions appeared on the right arm, chest, upper portion of the abdomen, and upper back (Figure 1). There was ipsilateral axillary lymphadenopathy. The results of complete blood count and urine analysis were normal. Laboratory evaluations for hepatitis B, hepatitis C, and human immunodeficiency

Figure 1. Erythematous hemorrhagic papules and plaques on the right arm and back.
virus (HIV) were negative. There was no history of contact with a cat. She was otherwise healthy. Histopathologic examination of the lesions showed lobular proliferation of the vascular channels lined by plump and epitheloid type endothelial cells lodged within an edematous stroma with infiltration of inflammatory cells including lymphocytes, eosinophils, and neutrophils, with a small focus of nuclear fragmentation. Silver stain revealed few bacilli-like organisms. The epidermis showed nonspecific changes (Figures 2,3). All these clinical and histopathological data confirmed the diagnosis of bacillary angiomatosis.

**DISCUSSION**

BA is an infectious disease which occurs predominantly in immunosuppressed patients with a history of contact with a cat. This disease occurs rarely in immunocompetent individuals. This infectious disease is characterized by vascular proliferations in the skin and or visceral organs. Our case was an immunocompetent woman with no history of underlying diseases and no history of contact with a cat. She was otherwise healthy. One third of the patients with BA deny having had any previous contact with cats. The presented case referred to the dermatology clinic only for cosmetic problems. Numerous vascular lesions were present on her right arm, forearm, chest, and back. BA mainly affects HIV patients and affecting the immunocompetent individuals is not common. In our case, histopathologic examination of the lesions revealed marked lobular proliferation of capillaries as well as a few bacilli with hematoxylin-eosin and silver staining. The response to infection with *B. henselae* depends on the immune status of the infected patient. In immunocompetent patients, the response is a granulomatous and suppurative lesion as compared to a vasoproliferative response in immunocompromised patients. In the present case, who was an immunocompetent woman, histopathological examination of the lesions showed lobular proliferation of the vascular channels. So, in immunocompetent people and immunocompromised patients, the pathological pattern may be the same or different.

BA may occur in immunocompetent or immunocompromised individuals and the histopathological pattern of the lesions may be different. The patients may have no history of contact with a cat.

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