LANGERHANS CELL HISTIOCYTOSIS IN AN INFANT: DIAGNOSTIC DIFFICULTIES AND DELAYED VERIFICATION OF THE DIAGNOSIS

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Introduction.

Langerhans cell histiocytosis (LCH) is a rare clonal myeloid disorder characterized by the accumulation of pathological dendritic cells. Clinical manifestations range from isolated cutaneous lesions to severe multisystem forms involving high-risk organs. According to the literature data by Berres ML, Merad M and others, the disease is characterized by high clinical variability and a risk of rapid progression, emphasizing the importance of early diagnosis.

Objective of the Study. To study the clinical features and clinical course variants of Langerhans cell histiocytosis in children.

Materials and Methods. A clinical case of a child with Langerhans cell histiocytosis is presented. The patient underwent clinical and dermatological examination with dermatoscopy, skin biopsy followed by morphological and immunohistochemical examination, as well as laboratory and instrumental diagnostic methods.

Results. Patient Z., female, born in 2020, was admitted with complaints of skin eruptions. Clinically, multiple polymorphic skin lesions were observed. Initially, the patient's condition remained relatively stable; however, systemic involvement subsequently developed.

Dermatological status. The skin process was widespread. Physical examination revealed multiple red-brown papular and nodular lesions accompanied by skin infiltration and inflammatory changes. Dermatoscopic findings corresponded to infiltrative skin involvement.

Morphological verification. Histopathological examination revealed findings consistent with xanthomatous-type histiocytosis X. The morphological findings confirmed the diagnosis of Langerhans cell histiocytosis. Laboratory and instrumental findings. Biochemical blood analysis demonstrated impaired liver function with elevated ALT and bilirubin levels. Abdominal ultrasound revealed hepatomegaly, ascites, and diffuse liver changes, indicating hepatobiliary system involvement. MSCT of the brain. Signs of a mass lesion and bilateral lytic changes in the temporal regions with extension into the middle ear were detected, as well as involvement of the facial skull bones. Based on all obtained findings, the disease was diagnosed as multisystem Langerhans cell histiocytosis with involvement of high-risk organs (liver). The patient died before initiation of specific therapy.

Conclusion. According to the literature, Langerhans cell histiocytosis (LCH) in children may initially present with isolated cutaneous lesions, followed by rapid progression and involvement of high-risk organs, particularly the liver. Early diagnosis, including skin biopsy for histological confirmation, as well as further systemic evaluation, is essential for timely initiation of treatment and improved prognosis.