

DIAGNOSING ERYTHEMA INDURATUM

An interesting case was reported in the *Medical Journal of Australia*, highlighting a potentially difficult diagnosis.

The authors were referred a 29-year-old Vietnamese woman who had been in Australia for 5 years. She had a 2-month history of erythematous, painful nodules on her thighs and left buttock. The largest nodule was 3 × 4 cm. She had no history of previous infections, including tuberculosis (TB), and no symptoms of inflammatory bowel disease, vasculitis or connective tissue disease. Examination was normal, as was a chest X-ray. A full blood count and liver and thyroid function tests were normal. No antinuclear antibodies or antineutrophil cytoplasmic antibodies were found.

The authors made a working diagnosis of erythema nodosum and the patient was started on naproxen, which was unsuccessful. After 4 weeks, she was started on 45 mg of prednisolone daily, to which she had only a partial response. This prompted a skin biopsy that revealed a granulomatous lobular panniculitis with necrosis that was consistent with erythema induratum. There were no visible micobacteria or fungi on staining. A subsequent Mantoux test was strongly positive and a PCR test of the biopsy tissue for *Mycobacterium tuberculosis* was negative. The patient was started on a 6-month course of directly observed antituberculosis therapy, consisting of rifampicin, isoniazid, pyrazinamide and ethambutol, together with pyridoxine. The prednisolone was tapered and stopped. Within 2 months, the cutaneous lesions had resolved and had not recurred a month after finishing the antituberculosis therapy.

Erythema induratum was first described by Bazin in 1861 to illustrate chronic, painful, purple, indurated and sometimes ulcerative nodules occurring mainly in the lower limbs of patients with hypersensitivity to tuberculin. The authors point out that the diagnosis could easily have been missed because the lesions looked similar to those of erythema nodosum and there was a partial response to corticosteroids.

Diagnosis of erythema induratum is based on cutaneous characteristics, a positive Mantoux test, evidence of TB and histological findings. The negative PCR test was apparently not surprising because in other studies only 56 - 88% of patients previously diagnosed with cutaneous TB had a positive PCR result. It is possible that erythema induratum is a type III or type IV sensitivity reaction to *M. tuberculosis* antigens, which may explain the patient's partial response to corticosteroids. Erythema induratum should be treated with antituberculosis therapy.

Chew GY, *et al.* *MJA* 2005; **183**: 534.

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SINGLE SUTURE FIBRE AND BOWEL CANCER

The conventional wisdom that eating plenty of fibre prevents bowel cancer may have been overturned by a new analysis of 13 major studies. Stephanie Smith-Warner and her team from the Harvard School of Public Health looked at prospective studies that covered 725 628 men and women who were followed up for up to 20 years. About 8 000 developed bowel cancer and it made no difference how much fibre they had eaten in their diet. However, this new analysis did not cover the EPIC trial, a prospective study of 500 000 Europeans, that was published in 2003 and which found that people with the highest levels of fibre in their diets reduced their risk of bowel cancer by 40%. The jury is still out.

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