SCAR IRRITATION IN CHURG STRAUSS SYNDROME
(A CASE REPORT)

Masoos H. Khan, Habib M. Raza and Mohammad Naim

SUMMARY

A rare case of this syndrome with a different clinical picture, i.e. of chronic irritation, swelling, and ulcers around a scar on the face is being presented.

Churg Strauss Syndrome is a rare disease characterised by granulomatous angitis. Only few cases of this type have been reported. The usual presentation is a history of asthma, eosinophilia, fever, purpuric and papular lesion on the skin.

Case Report

A.R., 65 years old man had a post traumatic scar of 10 years duration on his face in the left nasolabial region. During the last 3 years he had noticed that the scar and the adjoining area of the skin was off and on red and irritable. A diffuse swelling gradually appeared in the affected area in July 1984 and started increasing and spreading downwards to involve the left cheek, lips and the submandibular region. For the last one month the patient had developed ulcers on his lips and the left side of the chin. There was no previous or family history of tuberculosis or any pulmonary disease.

On examination, the swelling was diffuse, extending from the mouth and the left cheek above up to the submandibular region and upper part of the neck below. The ulcer on the upper lip was $2 \times 1 \times 1/2$ cm, with undermined edges and its surface lined by dirty granulation tissue. Similar ulcers were present on the lower lip and left side of the chin (Fig. 1). Two lymph nodes of about $3 \times 2 \times 2$ cm in size were palpable in the Jugulo-digastric region.

The findings of the routine, urine and hae-
matological investigations were normal. The skiagram of the face showed a soft tissue shadow of the swelling and little erosion of bone underlying the scar area. The X-ray chest, interestingly, showed multiple shadows of healed scars and miniature cavities in the formative stages in the hilar area of the lungs (Fig. 2).

Biopsies from the diagastric nodes and ulcer-margins showed the dermis and the underlying musculature to be studded with three distinct forms of granulomas. (1) The granulomas involving the arterial walls showed fibrinoid degeneration typical of the allergic granulomatosis. (2) Granulomas in the interstitial tissues showed central fibrinoid change and eosinophil cell infiltration. (3) The third form of the granulomas were unusual, comprising of the proliferating capillary endothelial and fibrotic cells. The giant cells in such lesions appeared like the miniature forms of the foreign body giant cells and their nuclei closely resembled in size and appearance to those of the proliferating endothelial cells (Fig. 3). In the later stages of such lesions areas of central necrosis were accomplished by polymorphonuclear activity.

All the three types of the granulomatous lesions showed various stages of self healing with laying down of collagen rich fibrous tissue. In some of the scars, particularly of the dermis, ghosts of the giant cells were persistent and were reminiscent of the non-canalised capillaries in their cross-sections or of the knots of the endothelial cells suggesting formation of
Fig. 1. Showing the old scar, swelling and ulcers on the face.

Fig. 2. Skiagram of the chest showing healed scars and miniature cavities in the hilar areas of the lungs.

Fig. 3. Showing capillary angiitis and formation of granulomata, in the early stage. The capillary endothelial cells are proliferating and the giant cells are under formation throughout the lesion (H & E × 100).

Fig. 4. Showing self-healing of the granulomas by the laying-down of collagen-rich fibrous tissue, ghosts of the giant cells are dispersed throughout scar and are reminiscent of the sections of the non-canalised capillaries or of the knots of the endothelial cells (H & E × 100).
new capillaries (Fig. 4.). The above findings are characteristic of granulomatous angiitis (Churg Strauss Syndrome).

The patient was initially treated by local and systemic antibiotics and anti-tubercular drugs, but with little improvement. On establishment of the diagnosis of Churg Strauss Syndrome, the treatment was changed to local and systemic steroids. The healing was prompt and the patient dramatically improved over the next two weeks, after which he suddenly decided to leave the hospital due to personal reasons.

**Discussion**

The significance of the skin scars in the diagnosis of the Churg Strauss syndrome had been documented in the autopsy cases (Churg, 1951). It is for the first time, however, that this patient clinically presented with the manifestations of irritation, swelling and ulcers related to a scar and hence came for consultation to the plastic surgery department.

The granulomas in the interstitial tissue and in the walls of the arteries are supportive of the role of some forms of allergy in the etiopathogenesis of the Churg Strauss syndrome (Churg and Strauss, 1951). Another manifestation of allergy in this disease is the asthma. The mild to moderate grade of asthma, usually, preceeds the illness by several years and abates to disappear, long before the appearance of the cutaneous disease (Varriale, 1964). In the present case, repeated queries about the asthmatic symptoms were denied by the patient. The asthmatic disease in this case could have been subclinical or very mild, so as, to have passed unnoticed by the patient.

The cavitations and scars in the hilar areas of the lungs have not been reported in this disease, except in two autopsy cases by Churg and Strauss (1951). Such findings on the X-ray chest may be of diagnostic significance for the granulomatous angiitis and allergic granulomatosis of the lungs in the Churg Strauss syndrome. Microscopically, some of the granulomata, in the present case, appeared to be related to the minor arterioles of the order of the dermal capillaries, a finding which would, require further confirmation.

**Conclusion**

Chronic irritation and ulceration around a scar should arouse a clinical suspicion of the patient having a Churg strauss syndrome.

**REFERENCES**


**The Authors**

Prof. Masood H. Khan, Prof. & Head of the Deptt. of Plastic Surgery, J. N. Medical College, Aligarh.

Dr. Harib M. Raza, Clinical Registrar in Surgery, J. N. Medical College, Aligarh.

Dr. Mohammad Naim, Lecturer in Pathology, J. N. Medical College, Aligarh.

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Prof. Masood H. Khan, B-3, Readers Quarters, Medical College Campus, Aligarh Muslim University, Aligarh (U. P.) India.