

Multiple lesions of erythema migrans in a “Christmas tree” pattern as a presenting sign of Lyme disease



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CLINICAL CHALLENGE

The “Christmas tree” orientation of scaling lesions along the skin tension (Langer) lines in pityriasis rosea is well known. This pattern is best appreciated on complete examination of the trunk, in which the eruption follows the long axis of the V-shaped lines of the upper chest and back, emanating around the axillae, and running transversely along the abdominal wall and lower back. Secondary syphilis has a similar presentation. When patients present with asymptomatic, larger, nonscaling patches along Langer lines, another condition deserves diagnostic consideration.

SOLUTION

The nonscaling annular or (more frequently) solid erythematous patches of cutaneous Lyme disease can align in an oval fashion along skin tension lines, perhaps as a result of spirochete invasion of type I collagen matrices.^{1,2} A sizable minority of patients with cutaneous Lyme disease present with multiple erythema migrans lesions resulting from hematogenous dissemination of the infection. We have noted the appearance of these eruptions following skin tension lines in a “Christmas tree” pattern (Fig 1), as would be expected, but this clinical picture has not been emphasized in the medical literature.



Fig 1. Multiple erythema migrans of Lyme disease. Erythematous patches in “Christmas tree” pattern along Langer lines.

From the Dermatology Division, University of Vermont Medical Center.

Funding sources: None.

Conflicts of interest: None declared.

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J Am Acad Dermatol 2019;81:e23-4.
0190-9622/\$36.00

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<http://dx.doi.org/10.1016/j.jaad.2017.03.036>

Because of the potential systemic complications of Lyme disease, recognition of this cutaneous pattern merits attention, particularly for those who practice in Lyme-endemic areas. Clinicians equate “Christmas tree” with pityriasis rosea, and, appropriately, many clinicians also consider secondary syphilis in the differential diagnosis. We encourage present and future generations of clinicians to remember another disseminated spirochete, *Borrelia burgdorferi*, of Lyme disease, when seeing patients who have a “Christmas tree” rash without scales.

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