



Borrelial lymphocytoma of the lip

Halil Yildiz, Liliane Marot

Lancet Infect Dis 2019; 19: 1264

Department of Internal Medicine and Infectious Diseases (H Yildiz MD) and Department of Dermatology and Pathology (L Marot MD), Cliniques Universitaires Saint-Luc, Université Catholique de Louvain, Brussels, Belgium

Correspondence to: Dr Halil Yildiz, Department of Internal Medicine and Infectious Diseases, Cliniques Universitaires Saint-Luc, Université Catholique de Louvain, 1200 Brussels, Belgium
halil.yildiz@uclouvain.be

A 15-year-old boy attended our hospital for progressive swelling of the lower lip with firm and slightly tender nodules (figure). He had no fever and was in good general condition. The physical examination was otherwise unremarkable. Blood tests and chest x-ray were normal. An ultrasound did not show any sign of arteriovenous malformation. At this stage, the main differential diagnosis was granulomatous cheilitis or lymphoma. A biopsy of the lip was then done and showed a dense inflammatory infiltrate consisting mainly of small lymphocytes without granulomas or signs of

malignancy. The patient did not report a tick bite or erythema migrans but had been on a camping trip in the forest a few weeks earlier. Due to the similarity between our histological findings and borrelial lymphocytoma, we did serological tests for Lyme disease and they were positive. We identified *Borrelia afzelii* by PCR in the lip biopsy sample. A diagnosis of borrelial lymphocytoma was made and after 4 weeks of treatment with oral doxycycline (100 mg twice a day), the lesion almost completely disappeared.

The three dermatological hallmarks of Lyme disease are erythema migrans, acrodermatitis chronica atrophicans, and borrelial lymphocytoma. In Europe, borrelial lymphocytoma usually occurs near the nipple in adults and on the earlobe in children. Atypical localisation has been described, such as on the shoulder, nose, scrotum, and arms, but borrelial lymphocytoma of the lip has never been reported to our knowledge. Diagnosis can be difficult because erythema migrans is not always present, and borrelial lymphocytoma rarely develops at the site of bite.

Contributors

HY and LM cared for the patient and wrote the manuscript.

Declaration of interests

We declare no competing interests.

© 2019 Elsevier Ltd. All rights reserved.



Figure: Borrelial lymphocytoma of the lip