



JUXTA- CLAVICULAR BEADED LINES IN ASSOCIATION WITH MILIARIA RUBRA- CASE SERIES STUDY OF 20 PATIENTS

Dermatology

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ABSTRACT

Juxta-clavicular beaded lines are lines found next to the clavicles made of tiny papules set in closely placed parallel rows. It usually mimics strands of beads and follow the lines of cleavage. The beaded lines are mostly noted in darker individuals. Here we report a case series of 20 patients with Juxta-clavicular beaded lines among which 15 patients incidentally found to have associated miliaria rubra. None of the patients were aware about Juxta-clavicular beaded lines as it was totally asymptomatic. It probably denotes an anatomical variant rather than a disease entity.

KEYWORDS

Juxta-clavicular Beaded Lines, Miliaria Rubra

INTRODUCTION:

Juxta-clavicular beaded lines are clinically characterized by beaded papules few of which are pierced by fine hair and seen near the vicinity of clavicles^[1]. The papules are flesh to skin colored, globoid in shape, 0.5 to 1.5mm in diameter and arranged in parallel rows to clavicles. Though reported in 1 year old it is common in puberty due to increase of plasma androgen. High preponderance noted in darker individuals^[2]. Histologically represent sebaceous hyperplasia. They are completely asymptomatic. In this study we found Juxta-clavicular beaded lines have incidental association with miliaria rubra.

CASE REPORT:

Twenty patients attended the Skin OPD found to have Juxta-clavicular beaded lines. Among which fifteen patients also had associated miliaria rubra. There was female preponderance. Most were darker skin colored. The age group is from 18 to 54 years. None of them had applied steroid or any other medications.

Juxta-clavicular beaded lines were seen above, overlying and below the clavicles, the common being above the collar bone. The tiny papules were skin to flesh colored and arranged like strands of beads (figure 1). They were clearly visible on extending the neck. They were completely asymptomatic. All the twenty patients were totally unaware about the existence of the lines. Since they represent an anatomical variant they were not treated. The associated miliaria rubra were treated with moisturizers.

DISCUSSION:

Juxta-clavicular beaded lines frequently seen in dark-skinned subjects, represents an anatomical variation of sebaceous hyperplasia and must be considered in order to avoid errors of differential diagnosis.

The term Juxta-clavicular beaded lines was first coined by Butterworth in 1974^[3]. It clinically composed of tiny skin colored papules like strands of beads arranged in parallel rows to the vicinity of clavicles. They were frequent in dark skin individuals.

In 1968 Hitch and Lund described similar lesions as cutis punctate linearis coli or stippled skin. They found it as disseminate and recurrent infundibulofolliculitis presenting as mildly pruritic chronic eruption^[3]. Redness noted between intervening papules was characteristic. Negative atopic history, recalcitrance to numerous therapies and exacerbations clinch the diagnosis. Histological sections showed mixed lymphocytic and neutrophilic infiltrate and spongiosis of the infundibulum of all hair follicles noted. They had found association with topical steroid usage.

The differential diagnosis includes "linear papular ectodermal-mesodermal hamartoma" (LPEMH), cutis punctate linearis coli, striated beaded line, papular mucinosis and pseudoxanthoma elasticum. In LPEMH, the hamartomatous features were described in epidermis, pilosebaceous units and mesenchymal components^[4]. The striated beaded line occurs in response to long-term UV exposure and solar elastosis is the histopathological hallmark. The other two diseases are easily distinguished by their histopathologic features.

Lee et al had described a single case of Juxta-clavicular beaded lines following a kidney transplant^[5]. Multiple studies state that JCBL have various aetiologies such as hormonal influences, long term immunosuppressive therapy and UV exposure. We in our case series found JCBL incidentally associated with miliaria rubra, a sweat retention syndrome.

CONCLUSION:

Juxta-clavicular beaded lines are anatomical variant of sebaceous hyperplasia and not a pathological disease entity. It does not require treatment. It has incidental association with miliaria rubra.

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None

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.



Figure 1: Patients showing Juxta-clavicular beaded lines

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