



GRANULOMA FACIALE- A CASE SERIES STUDY

Dermatology

Dr. Vignesh NR

Department of Dermatology, Venereology & Leprosy, Sree Balaji Medical College & Hospital, Bharath University, Chennai 600044, Tamil Nadu, India.

Dr. Jayakar Thomas*

Department of Dermatology, Venereology & Leprosy, Sree Balaji Medical College & Hospital, Bharath University, Chennai 600044, Tamil Nadu, India.*Corresponding Author

ABSTRACT

Granuloma faciale is a chronic inflammatory disorder of idiopathic etiology characterized by the presence of erythematous or reddish-brown nodules or plaques commonly occurring over the face. We report two cases of granuloma faciale present over the face diagnosed clinically as well as confirmed by the histopathological findings.

KEYWORDS

INTRODUCTION:

Granuloma faciale is an idiopathic chronic inflammatory disorder commonly seen in males in the age group of 4th to 6th decade. The condition is characterized by the presence of leucocytoclastic vasculitis with infiltrates composed of lymphocytes, neutrophils and eosinophils, though eosinophils can be predominantly seen. The differential diagnosis for this disorder includes sarcoidosis, lupus vulgaris, granulomatous rosacea and erythema elevatum diutinum. The treatment for this condition is challenging and topical tacrolimus is demonstrated to be effective in this condition.

CASE REPORT:

The first case is a 29-year-old female patient presented to the dermatology OPD with the complaints of red raised lesion over the left cheek region for 8 months which was asymptomatic except for occasional itching. On examination, a single erythematous indurated plaque of size 3*2cm over the left malar region over the zygomatic arch. There were no other lesions elsewhere in the body. The differential diagnosis of granuloma faciale, sarcoidosis and tuberculoid Hansen's was considered and biopsy was performed. The histopathological findings were atrophy of the epidermis, sub epidermal clear zone (grenz zone) and inflammatory infiltrates composed of eosinophils, neutrophils and lymphocytes in the upper dermis. The diagnosis of granuloma faciale was confirmed and the patient was started on topical tacrolimus and was advised to come for regular follow-up.

The second case is a 40-year-old female who came to the dermatology OPD with complaints of red raised lesion over the forehead for 1 year. Patient complains of mild itching. She had consulted a dermatologist for the same complaints and was given topical steroids. The patient did not notice any improvement with the above treatment and came to our OPD. On examination a single reddish-brown infiltrated plaque was noticed over the forehead. There were no other lesions over the body. The differential diagnosis of granuloma faciale, PMLE, Hansen's in reaction and sarcoidosis was considered and the lesion was biopsied. The histopathological findings were atrophic epidermis with a sub epidermal clear zone and inflammatory infiltrates was noted. The diagnosis of granuloma faciale was made and she was started on topical tacrolimus.

DISCUSSION:

Granuloma faciale is an idiopathic disorder in which sunlight, radiation and any forms of trauma can predispose to this condition. The condition was first described by Wigley² in the year 1945. It is seen commonly in males in the 4th to 6th decade of life and is characterized by exacerbations with sunlight and heat exposure. The condition is characterized by reddish brown papules, plaques and nodules over the face which is the common location.³ The other rarer sites are the back, arms, chest and thighs. A rare mucosal variant eosinophilic angiocentric fibrosis which occurs in the nasal passages and upper airways in addition to the skin lesions.

The condition is not associated with any symptoms though mild itching and burning sensation can be seen in some patients. The differential diagnosis to be considered are sarcoidosis, lupus vulgaris, Hansen's disease in type 1 reaction and erythema elevatum diutinum. The diagnosis of the condition is made clinically and histopathologically. The histopathological findings include mixed inflammatory infiltrate composed of eosinophils, neutrophils and lymphocytes though eosinophils and plasma cells may predominate the picture. Grenz zone, a sub epidermal region of normal collagen separates the inflammatory cells from the epidermis and the upper dermis. Leucocytoclastic vasculitis can be seen.

This condition is difficult to treat and many agents have been tried with limited success. Tacrolimus topically has been found to be effective in many patients and can be tried as a first line therapy. The other treatment options like phototherapy, dapson, intralesional steroids, cryosurgery and electrosurgery can be tried.

CONCLUSION:

Granuloma faciale is a rare condition and should be considered in the differential diagnosis of erythematous infiltrated lesions over the face. The treatment of this condition is disappointing and we have tried with topical tacrolimus and response to that has to be reviewed in the successive follow-up period.



FIGURE 1



FIGURE 2

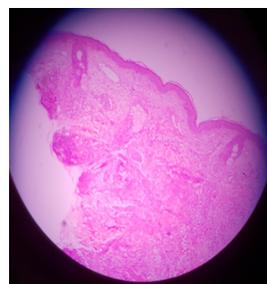


FIGURE 3

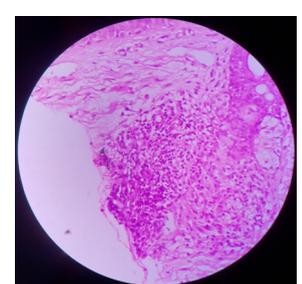


FIGURE 4

LEGENDS TO THE FIGURE:

FIGURE 1: Case 1 with erythematous indurated plaque over the left malar region

FIGURE 2: Case 2 with erythematous infiltrated plaque over the right malar region

FIGURE 3: Histopathology low power view showing Grenz zone

FIGURE 4: Histopathology high power view showing the mixed inflammatory infiltrate composed of lymphocytes, eosinophils and neutrophils.

CONFLICTS OF INTEREST: None

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