

Visual Treats in Dermatology

Comedonal granuloma annulare

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A 56-year aged female presented to us with erythematous lesions on forearms for 3 years. Physical examination showed erythematous papules and plaques on extensor surface of forearms. The largest plaque had raised borders studded with open comedones [Figure 1]. All routine investigations were normal. Dermoscopy showed blurry vessels over a pinkish-red background, yellowish-orange structureless areas, and open comedones filled with keratotic plugs [Figure 2].

Skin biopsy showed a palisading granuloma in reticular dermis around focus of fibrin and mucin deposition and incomplete collagen degeneration. Dilated follicular infundibulum filled with keratinous material corresponding to a comedo was seen [Figure 3].



Figure 1: Erythematous papules and annular plaques with open comedones overlying the largest plaque.

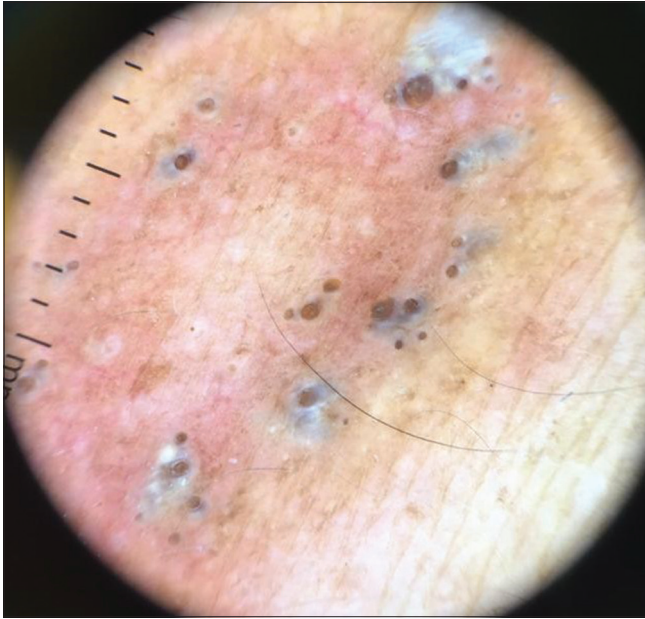


Figure 2: Dermoscopy showing blurry vessels over a pinkish-red background, yellowish-orange structureless areas, and open comedones filled with keratotic plugs (DermLite DL4, $\times 10$).

Degeneration of collagen and elastin is a hallmark histological feature of granuloma annulare. Loss of dermal support induces distension of infundibular canal of sebaceous follicle resulting in open comedones overlying lesions of granuloma annulare.^[1] Comedonal granuloma annulare should be differentiated from perforating granuloma annulare, actinic comedonal plaque, granuloma multiforme, and annular elastolytic giant cell granuloma.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

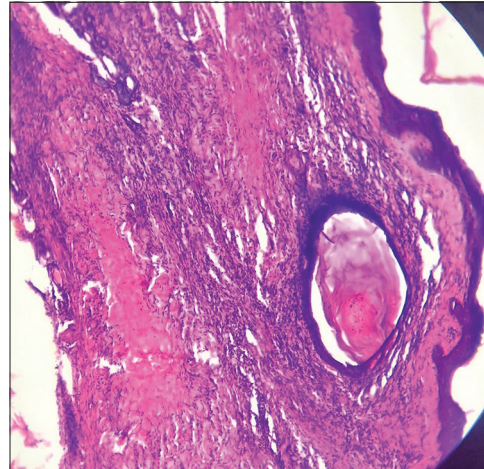


Figure 3: Palisading granuloma around focus of fibrin and mucin deposition and incomplete collagen degeneration. Dilated follicular infundibulum filled with keratinous material is seen adjacent to the granuloma (H&E, $200\times$).

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Conflicts of interest

There are no conflicts of interest.

REFERENCE

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