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DISSEMINATED GRANULOMA ANNULARE

Dermatology

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ABSTRACT

Granuloma annulare is a chronic noninfectious granulomatous necrobiotic disorder of no proven etiology or widely accepted theory of pathogenesis. It has several clinical manifestations. Here we report a case of disseminated granuloma annulare.

KEYWORDS

Granuloma annulare, Disseminated, necrobiotic disorder.

INTRODUCTION:

Granuloma annulare is a benign cutaneous inflammatory disorder of unknown etiology that is usually self-limited. Its presentation most commonly involves hands and feet[1]. The clinical variants of Granuloma annulare include localized, generalized, disseminated, subcutaneous, perforating and malignancy asoociated[2].

CASE REPORT:

A 60 year old female came with complaints of annular lesions over both arms and back for the past 2years.It started as small papules on left forearm and later became annular lesions with red borders. Then it has spread to involve right arm and forearm as well as back . It is associated with severe itching. She also complained of scaling. Not a known case of T2DM. On examination multiple well defined annular lesions with erythema and papules on the borders were noted on bilateral arms, forearms and back. They were non tender. 4mm punch biopsy was done from lesion on back and sent for Histopathological studies which showed palisading granuloma with histiocytes and lymphocytes.

Based on above mentioned findings we made a diagnosis of disseminated granuloma annulare.

DISCUSSION:

Granuloma annulare is a disease of skin and subcutaneous tissue characterized by granulomatous annular plaques containing foci of altered collagen surrounded by histiocytes and lymphocytes. The term granuloma annulare was coined in 1902 by Radcliffe—Crocker[2]. It can affect all age groups with a mean age around 50years[3] It is twice more common in females than in males[4].The exact etiology and pathogenesis of granuloma annulare are unclear and is found to occur as the reaction pattern to variety of triggers like trauma, infections, sun exposure etc.

The Disseminated type is rare and is characterized by extensive lesions which are pruritic and are mostly confined to extremities.[5] It is found to be associated with Diabetes mellitus, Lymphoma, HIV infections, Hepatitis B and C infections etc.[6]

Histologically Granuloma annulare shows palisading histiocytes with perivascular lymphocytic infiltrate. There is an increased mucin deposition which is the hallmark of this condition but can be demonstrated by using colloidal iron and alcian blue.

These lesions have to differentiated from Necrobiosis lipoidica , Sarcoidosis , Rheumatoid nodule , Figurative erythemas , Tertiary syphilis ,Tuberculids , Morphea and Cutaneous T cell lymphoma.

The lesions are usually self limiting . In persistent case topical Tacrolimus, Steroids and Cryotherapy can be done. In generalized forms PUVA has also been found to be effective.

CONCLUSION:

Disseminated Granuloma annulare is rare and reports on it are relatively sparse.

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FIG 1-Clinical picture showing annulare lesions on the back and dorsal aspectof right hand.

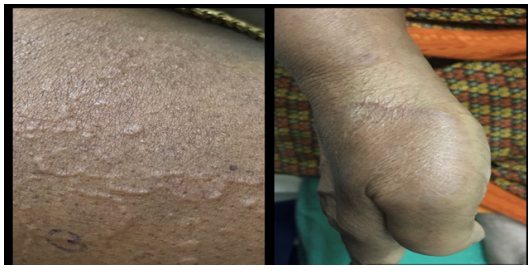


FIGURE 2- Scanning view showing epidermal atrophy along with infiltrates in the upper dermis. A granuloma is also seen on the extreme left.

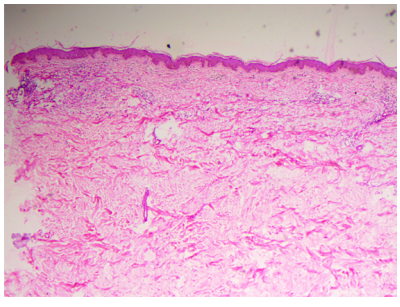
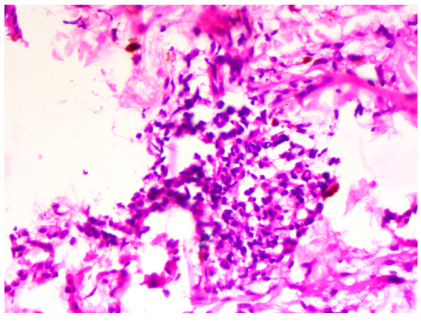


FIGURE 3- high power showing a granuloma with palisading histiocytes and lymphocytes.



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