Ind J Dermatol Venereol Leprol, 1994; 60 : 165 - 7

SUBCUTANEOUS GRANULOMA ANNULARE

Sandipan Dhar, Amrinder J Kanwar, Asim Das,* Surinder Kaur

Two cases of subcutaneos granuloma annulare are reported. Clinical presentation was in the form of hard subcutaneous nodules; histopathology confirmed the clinical diagnosis. The cases were unique because of onset in adult hood, occurrence over unusual sites and absence of classical lesions of granuloma annulare elsewhere.

Key words : Subcutaneous granuloma annulare, Subcutaneous nodules

Introduction

Though granuloma annulare (GA) is a common entity in dermatologic practice, its subcutaneous form is uncommon and is infrequently reported in the literature. It's apparent rarity may be due to lack of awareness of the variant. In most cases it is associated with classical lesions of GA, when the diagnosis is relatively easy.[1] When present in isolation, a high degree of clinical suspicion and histopathology clinches the diagnosis.[2,3] Children are more frequently affected, the disease may be present in the family.[1]

We report 2 cases of subcutaneous granuloma annulare recently seen by us. Both the patients were adult; none had associated lesions of GA.

Case Reports

Case 1 : A 30-year-old housewife presented with bilaterally symmetrical asymptomatic nodules over elbows and knees of 3 years duration. The lesions initially appeared in the skin overlying the olecranon process, gradually increased in size and stopped growing 6 months after onset. Soon after, similar lesions appeared over prepatellar region. There was no associated fever, sore throat, joint pain or redness of eyes. General and systemic examination was essentially normal. Multiple, skin coloured hard nodules of the size ranging from 5 to 15 mm were present (Fig. 1). They were freely mobile over underlying tissues; overlying skin was adherent but normal in texture. Apart from GA, other clinical possibilities considered were calcinosis cutis, rheumatic nodules, rheumatoid nodules, xanthoma and fibromatosis.

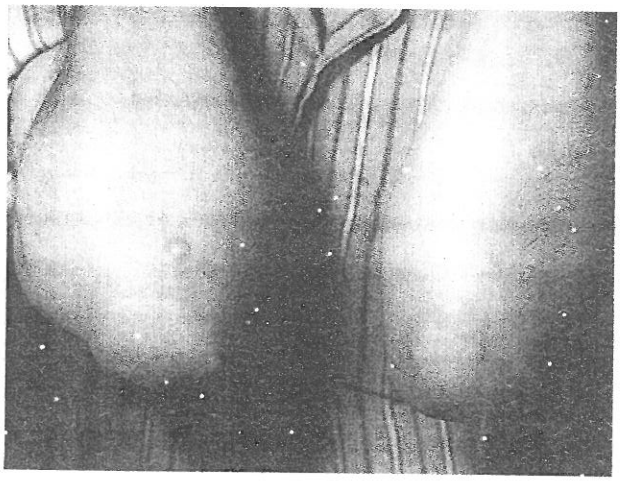

Fig. 1. Multiple asymptomatic skin coloured hard nodules present symmetrically over both elbows.

Investigations revealed serum and urinary calcium as 10 mg/dl and 62 mg/dl respectively. Rheumatoid and antinuclear factors (ANF) were negative; serum cholesterol, triglyceride and lipoproteins were within normal limits. An excisional biopsy of one of the nodules over left elbow showed mucinous oedematous appearance of lower

From the Departments of Dermatology, Venereology & Leprology and *Pathology, Postgraduate Institute of Medical Education and Research, Chandigarh - 160 012, India.

Address correspondence to : Dr Amrinder J Kanwar

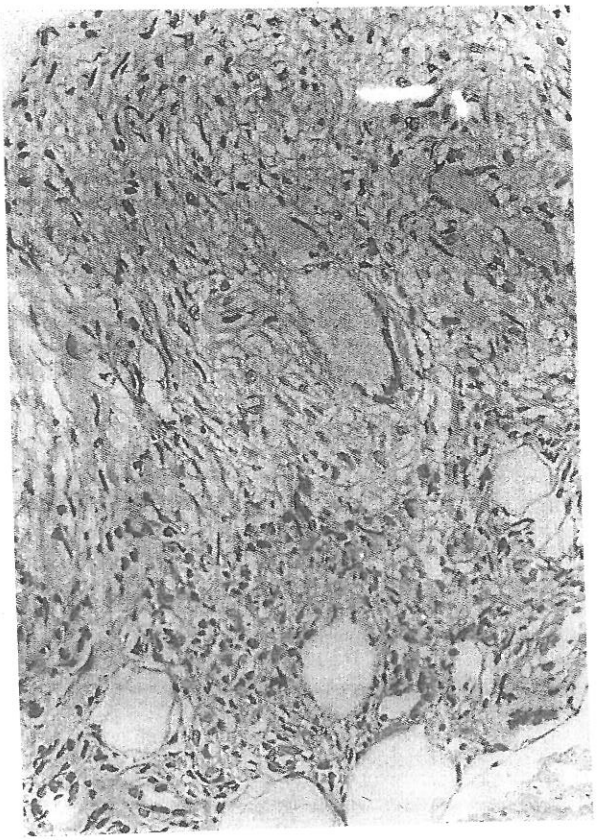

Fig. 2. High magnification. Discrete necrobiotic foci with palisading histiocytes and Langhan's giant cells invading into subcutaneous tisue. (x200)

dermis and adjoining subcutaneous tissue. There were occasional Langhan's giant cells and incomplete degeneration of collagen (Fig. 2). Von-kossa stain failed to show presence of calcium.

Case 2 : A 33-year-old man presented with asymptomatic hard nodules over dorsal aspect of fingers and palms (bilateral) of 1 year duration. There was no history of associated fever, joint pain, sore throat or redness of eyes. On examination, no joint deformity was seen. Other examinations and investigations including excision biopsy of one of the nodules were essentially same as in case1.

No family members, of both patients had subcutaneous nodules. Natural course of the disease was explained to the patients with possibility of spontaneous regression.

Comments

Subcutaneous form of granulo annulare has been reported to be famili None of our patients had family membe similarly effected. Palms, buttocks, scalp a legs, are reported to be most affected subcutaneous GA.[4] The lesions predominan involved olecranon and patellar regions in o patients, similar findings have been repor by others.[5] Repeated trauma is presumed to a triggering factor for localization of the lesio over bony prominences.[5] In contrast to th superficial form, the deeper lesions have hard consistency.[1] Because of the morpholo and distribution, clinical possibilities o xanthoma, calcinosis cutis, fibromatosis an rheumatoid nodule are to be excluded Rheumatoid arthritis and other disorders cou be easily ruled out in both patients. Rare case of anarthritic rheumatoid nodules and case where rheumatoid nodules precede arthriti differentiation from subcutaneous GA becom difficult. However, some authors feel tha probably they all are one and same entity.[6] Although some workers, feel the 2 entities ar indistinguishable histopathologically;[4,8] other have emphasized that the histopathologica similarity has been overemphasized an differentiation between the 2 conditions i possible.[3,9] The necrobiosis in rheumatoid nodules has a homogenous eosinophilic appearance, whereas in subcutaneous GA there is mucinous oedematous appearance.[9]

Both our patients are unique as regard unusual age of onset, involvement of unusua site and not being associated with classica lesions of GA elsewhere.

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