GRANULOMA FACIALE

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A 40- year-old woman presented with asymptomatic erythematous well-demarcated, infiltrated plaque of 8 cm x 7 cm in size on the right cheek for past four years. Histopathological study of skin biopsy revealed features of granuloma faciale. Oral dapsone and intralesional corticosteroid caused marked improvement.

Key words : Granuloma faciale, Eosinophilic facial granuloma

Introduction

Granuloma faciale is a chronic inflammatory disease of unknown origin characterized by nodular or granulomatous lesion on face in adults. It is now regarded as a variant of vasculitis in which eosinophils are particularly numerous. It remains a benign, though chronic condition, not associated with systemic lesions like other forms of vasculitis. Adults between the age of 30 to 50 are mostly affected. The lesion is usually single, may be multiple and commonly involves cheek, nose or forehead. Initially, slowly growing purplish-red macules appear. They are round, sharply demarcated, mildly infiltrated and grow to a few or several centimetres in size. Later, the macules are elevated to become plaque with a smooth surface and soft in consistency and ranging in colour from that of normal skin to purple. Follicular pores may be dilated if there is marked infiltration. Telangiectases and scaling may be present. Spontaneous healing with atrophic scarring is the sequel. Lesion may persist for years.

Histology reveals dense polymorphous infiltrate located mainly in upper dermis and a 'grenz zone' of normal collagen separates it from the epidermis and pilosebaceous appendages. The infiltrate consists of neutrophils and eosinophils often lymphocytes, histiocytes, plasma cells and mast cells.

Case report

A 40 - year - old woman presented with asymptomatic, erythematous, well - demarcated, infiltrated plaque of 8 cm X 7 cm size on right cheek for the past four years. Clinically, granuloma faciale was suspected. Tuberculoid leprosy, Jessner's lymphocytic infiltration and lymphocytoma cutis were considered as differential diagnoses. Patient had taken anti-leprosy treatment without any improvement. Blood, urine and stool examination did not reveal any abnormality. Punch biopsy revealed normal epidermis, presence of grenz zone and polymorphous infiltrate consisting of neutrophils, eosinophils, lymphocytes and a few histiocytes and plasma cells confirming our clinical diagnosis. Patient was treated with dapsone tablet

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100 mg daily and intralesional injection of triamcinolone acetonide every three weeks for three months with more than 50% improvement.

Discussion

Typical clinical picture and biopsy report confirmed the diagnosis of granuloma faciale in our patient. Characteristic histopathological features excluded tuberculoid leprosy, Jessner's lymphocytic infiltration and lymphocytoma cutis. Our patient showed marked therapeutic response to oral dapsone and intralesional triamcinolone.

References

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