Papular elastorrhexis

Sir,

Papular elastorrhexis is a rare disorder of elastic tissue that occurs predominantly during adolescence. It was first described by Bordas *et al*. in 1987 and is characterized by asymptomatic papules and intense fragmentation of the elastic bundles in the reticular dermis.[1]

A 26-year-old female presented with multiple, asymptomatic white papules on the upper arms for 8 years. The number of lesions had been slowly increasing. Examination revealed non-follicular, firm, white papules, measuring 2-8 mm and scattered symmetrically on the upper arms [Figure 1a and b]. There was no preceding history of trauma or inflammatory disorder in the involved area. There was no family history of similar skin disease.

Complete blood count and serum biochemistry tests were normal. Antinuclear antibody and rheumatoid factor were negative. X-ray examinations for chest and arms were normal. Histological examination showed a normal epidermis with a focal area of homogenized collagen in the superficial dermis [Figure 2]. Gomori aldehyde fuchsin stain showed reduction and

significant fragmentation of elastic fibers [Figure 3]. Based on the clinical features and typical histology, a diagnosis of papular elastorrhexis was made. Patient was counseled and informed that no treatment was required for this condition.

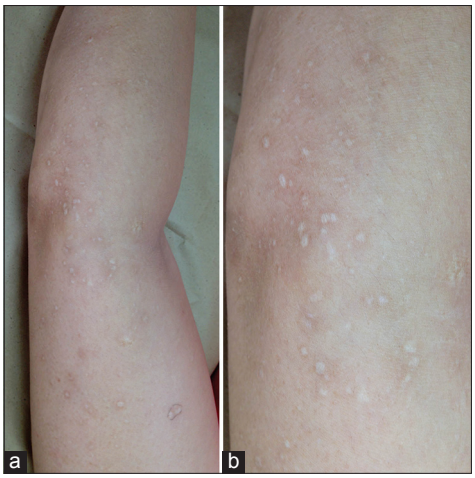

Figure 1: (a and b) Multiple non-follicular white papules distributed on the upper arm

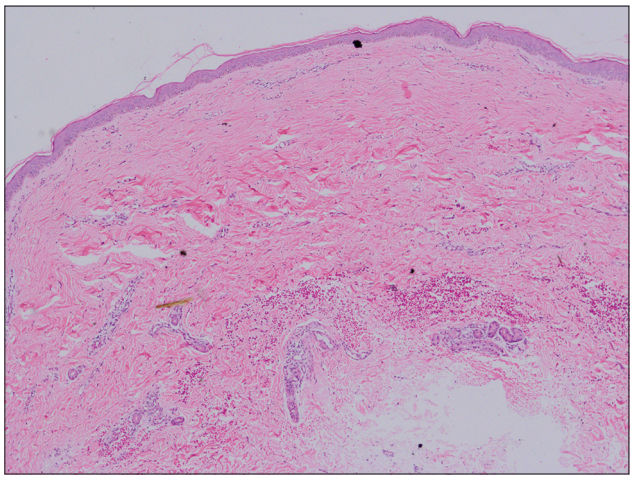

Figure 2: Focal area of homogenized collagen in the superficial dermis (H and E, ×400)

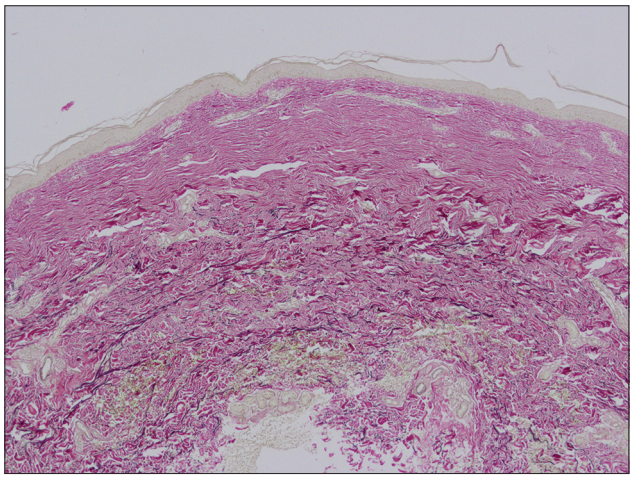

Figure 3: Area of decreased and fragmented elastic fibers (Gomori Aldehyde fuchsin, ×400)

Papular elastorrhexis is an uncommon cutaneous disorder of elastic tissue that occurs predominantly during adolescence. It was first described by Bordas *et al*. in 1987 and is characterized by asymptomatic papules and intense fragmentation of the elastic bundles in the reticular dermis. It is an acquired disorder with no preceding history of trauma or infection. In our patient there was no family history or any history of trauma and infection.

Whether papular elastorrhexis is a separate entity or it belongs to nevus anelasticus or Buschke–Ollendorf syndrome has been debated. Bordas *et al*. suggested that papular elastorrhexis was a variant of nevus anelasticus due to the reduction and fragmentation of elastic fibers, while Schirren *et al*.[2] described a family with papular elastorrhexis and proposed that it was an abortive form of Buschke–Ollendorf syndrome. Ryder *et al*. supported the theory that eruptive collagenoma, nevus anelasticus and papular elastorrhexis represent one disease or disease spectrum.[3] Nevus anelasticus is a predominantly congenital disorder that presents with asymmetrically distributed perifollicular papules with remarkable loss of elastic fibers, whereas fragmentation is the most prominent feature of papular elastorrhexis. Buschke–Ollendorf syndrome is an autosomal dominant disease characterized by disseminated connective tissue nevi, elastoma and osteopoikilosis. Elastoma shows an increase in elastic fibers rather than fragmentation as seen in papular elastorrhexis. Although they may show a certain degree of overlap in clinical features, a recent report considered papular elastorrhexis as a separate and distinctive entity.[4] Our case can be easily differentiated from anetoderma by the presence of firm papules rather than round, wrinkled and flaccid patches seen in anetoderma. Our patient lacked history of preceding inflammation or trauma, which made a scar such as papular acne scar unlikely.

Intralesional injection of triamcinolone acetonide has been found to improve lesion of papular elastorrhexis.[5] However, no treatment was administered to our patient due to the asymptomatic nature of the lesions.

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Conflicts of interest

There are no conflicts of interest.

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