SELF ASSESSMENT PROGRAMME

A 50 year old house-wife presented with asymptomatic papules and plaques on the face, the trunk and the upper extremities of a year's duration. The initial lesions had appeared on the extensors of the forearms and spread gradually to involve different parts of the skin surface. Many of the lesions had coalesced to form erythematous plaques of annular configuration. There was no history of photosensitivity or drug intake prior to the onset of skin lesions. There was no history suggestive of diabetes mellitus.

She was an obese individual and was hypertensive (170/110 mm Hg). Systemic examination was noncontributory. Cutaneous examination showed widely distributed papular lesions or annular plaques on the extensors of both the forearms and the arms, on the face, the neck and front of the abdomen. Some of the lesions were pale, most of them erythematous and some had a yellowish tinge. The annular plaques were well delineated, had a papular edge and showed normal skin in the middle. No scaling or vesiculation was seen.

A. Which of the following diagnoses is the most likely one?
   1. Sarcoidosis
   2. Actinic lichen planus
   3. Granuloma annulare
   4. Necrobiosis lipoidica
   5. Xanthomatosis

B. Which of the following investigations are likely to be helpful?
   1. X-ray chest
   2. Blood sugar
   3. Skin biopsy
   4. Mantoux test
   5. Serum lipid profile
   6. Kveim's test

The skin biopsy showed foci of collagen degeneration surrounded by histiocytes, a few giant cells and lymphocytes. Fasting and post prandial blood sugars were raised. X-ray chest showed parenchymal tubercular lesion in the left middle lobe.

C. What is the treatment of choice?
   1. Systemic cortico-steroids
   2. Antihistamines
   3. Sun screens

4. Cholestyramine
5. Antitubercular therapy
6. No treatment

D. What is likely to happen ?

1. The lesions continue to disseminate and progress.
2. There will be a natural remission.
3. Disease will be cured with medicinal therapy.
4. Relapses and remissions will occur.

E. Which of the following statement/s is/are true of generalised granuloma annulare ?

1. most often associated with diabetes mellitus
2. subsides with the control of associated diabetes
3. can be reproduced by light testing
4. chronic course, not related to diabetes mellitus.

ANSWERS

A. The most likely diagnosis is granuloma annulare because of the characteristic annular plaques with papular edge and a central normal skin. The distribution in the light exposed areas is unusual. Xanthomas seldom acquire an annular pattern though some of the yellowish papules would obviously suggest this diagnosis. Large atrophic yellowish plaques of necrobiosis lipoidica were not present. Sarcoidosis is very uncommon in this country and the rare papular form when develops as micro annular type as central scarring.

B. For all the various possibilities mentioned above, skin biopsy would be the single most useful investigation though additional help in assessing the patients total problem would be had from her blood sugar and serum lipid profiles.

C. The treatment of choice is masterly inactivity since none of the drugs with the doubtful exception of systemic corticosteroids is likely to help but this may aggravate an associated hyperglycemic state and the tubercular lung lesion.

D. For a large majority of patients the lesions are likely to spontaneously remit, though the course is variable.

E. Generalised granuloma annulare is often associated with Diabetes mellitus, though it is unlikely that the control of associated diabetes will determine the course of granuloma annulare.

Comment

The association of diabetes mellitus with granuloma annulare is controversial though it is recognised to be fairly common in the generalised type. The course of the skin lesions is not

necessarily related to diabetes mellitus even though chlorpropamide and carbohydrate restriction have been reported to be beneficial. This obese hypertensive patient would have been investigated for diabetes mellitus anyway, but the associated granuloma annulare was a strong point. Generalised granuloma annulare occurs usually in 4th-7th decades of life and rarely presents in sunexposed areas.

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Felicitation

We offer our sincere felicitations to Professor Lalit K. Bhutani of All India Institute of Medical Sciences, New Delhi, on his admission to the Honorary Foreign Membership of the British Association of Dermatology.

Managing Editor