Ind J Dermatol Venereol Leprol 1995; 61 : 378-9

MACULAR ATROPHIC LESIONS IN ACNE VULGARIS

A K Sharma

Macular atrophic lesions coexisting with comedonal lesions are described in a case of acne vulgaris.

Key Words : Acne vulgaris, Scars, Macular atrophic lesion, Comedones

Introduction

The deeper inflammatory lesions in acne vulgaris are often associated with scarring. Scars may show increased collagen (hypertrophic scars and keloids) or be associated with loss of collagen ('ice-pick' scars, depressed fibrotic scars, superficial and deep soft scars and atrophic macular atrophy).[1] Perifollicular elastolysis is the term used to describe the relatively inconspicuous small, follicular macular atrophic lesions, a common type of scarring on the back and chest.[1] Macular atrophic lesions coexisting with comedonal lesions are described in a case of acne vulgaris.

Case Report

As 30-year-old male with comedonal acne of about fifteen months duration, involving the face and upper back developed well defined macular atrophic lesions over the back (Fig. 1) over a period of about 6 months, before presentation. He had never been treated for acne before and he did not have any inflammatory lesions of acne or of any other cutaneous disorder. The comedones over the back were very prominent, to the extent of being unusually large in size and the atrophic lesions were interspersed among these comedonal lesions. The facial skin did not show any atrophic lesions. Most of the atrophic lesions were closely associated with the comedonal lesions and some of them even showed blackheads in their walls. Apart from the cosmetic disfigurement, these atrophic macular lesions were asymptomatic.

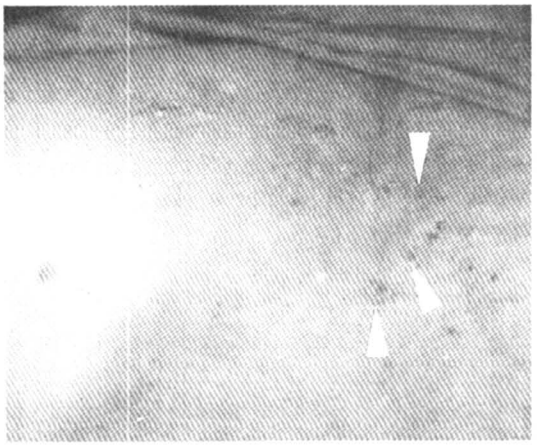

Fig. 1. Macular atrophic lesions (shown by arrow-heads) spread amongst comedonal lesions over the upper back of the case.

Histopathology of excisional biopsy of an atrophic macule showed, a definite absence of collagen in the dermis confined to the area of clinical atrophy. The epidermis was normal appearing and there was no inflammatory infiltrate in the dermis. Staining for elastic tissue showed full complement of elastic tissue. The adjoining normal appearing skin showed normal density of the collagen tissue.

The patient was put on topical retinoic acid 0.05% cream. After four months of therapy, the comedonal lesions had considerably improved, even those associated

From the Department of Dermatology Venereology, Indira Gandhi Medical College, Shimla - 171001 (HP), India.

Address correspondence to : Dr A K Sharma

with the macular atrophic lesions but there was no perceptible change in the macular atrophic lesions. The patient was lost to follow up subsequently.

Comments

This macular atrophic variety of change associated with acne vulgaris is not very well described in the literature. Secondary anetoderma is reported,[2] replacing lesions of acne vulgaris but the lesions in my case were not lesions of anetoderma as shown clinically by the absence of looseness and wrinkling in the skin and histopathologiclly by the presence of a normal complement of elastic fibres in the dermis in the atrophic lesions.

A major textbook of dermatology mentions (with no reference enlisted about this) that the atrophic macular scars normally retain a purple colour for many months before becoming white and less conspicuous.[1] Such a colour change was not noticed by my patient and the colour of the lesions was of normal skin. Another peculiar feature was the association of comedonal lesions, considered to be a noninflammatory, superficial and mild form of involvement with such macular atrophic lesions, in the absence of any inflammatory lesions.

The reason for such a change and that too only occurring over the back is not discernible. The close association of most of the lesions with blackheads, suggests a relationship between the two.

References

1. Ebling FJG, Cunliffee WJ. Disorders of the sebaceous glands. In: Textbook of dermatology (Champion RH, Burton JL, Ebling FJG, eds), 5th edn. Oxford: Blackwell Scientific Publications, 1992; 1699-744.
2. Shames BS, Fretzin D. Disorders of collagen, elastin, and ground substance. In: Dermatology (Moscella SL, Hurley HJ, eds), 3rd edn. Philadelphia: W B Saunders Company, 1992; 1269-311.