

PERFORATING GRANULOMA ANNULARE

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Perforating Granuloma annulare (GA) of palmar surfaces of both index fingers was observed in a 41 years female. Duration was 1-1/2 years and papules were asymptomatic, yellow, firm, discrete, with central pits. FBS was 81 mg/dl. Histopathology revealed transepidermal elimination of altered collagen, foci of degenerated collagen surrounded by groups of mononuclears admixed with occasional eosinophil and giant cell in irregular palisade arrangement.

Key words : Granuloma, Perforating, Transepidermal elimination of collagen.

Introduction

GA can present in localised form, generalised or widely disseminated form; as subcutaneous nodules and perforating papules.¹ Perforating GA may heal with hypo or hyperpigmented scars;² In perforating GA umbilicated papules over the hands develop a yellowish centre due to transepidermal elimination of altered dermal collagen.³ Generalised perforating GA has been reported.⁴ Histopathologically perforating GA show transepidermal elimination of degenerated collagen, small to large foci of collagen degeneration with mucin at places, surrounded by histiocytes in palisade arrangement, vasculitis, lymphoid cells, occasional giant cells and fibroblasts.⁵

Case Report

A 41-years-old female had multiple, asymptomatic, progressive, firm, well defined, flat papules and plaques on palmar surface of both index fingers since 1½ years (Fig. 1). Old papules resolved spontaneously after 3-4 months while new ones appeared. Papules and plaques had central depression where skin surface was rough, although retaining intact dermatoglyphic pattern of ridges alternating

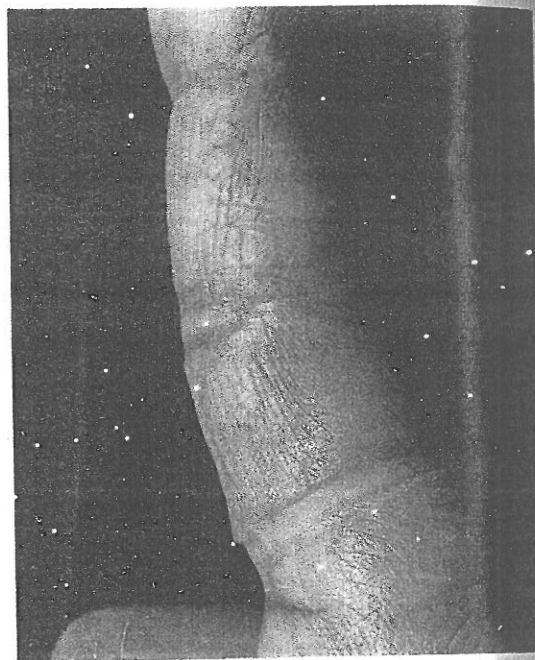


Fig.1. Umbilicated, yellow, papules of the index finger.

with depression. FBS was 81 mg/dl. Histopathology revealed hyperkeratosis and multiple channels in epidermis through which degenerated collagen was extruded (Fig.2) Dermis showed foci of degenerated collagen surrounded by mononuclears, eosinophils and giant cells in irregular palisade arrangement (Fig. 3).

Comments

Perforating GA, a rare variant of GA may be present along sides of fingers,⁵ and this

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Fig.2. Multiple channels in epidermis through which degenerated collagen is being extruded (H & E stain, x450)

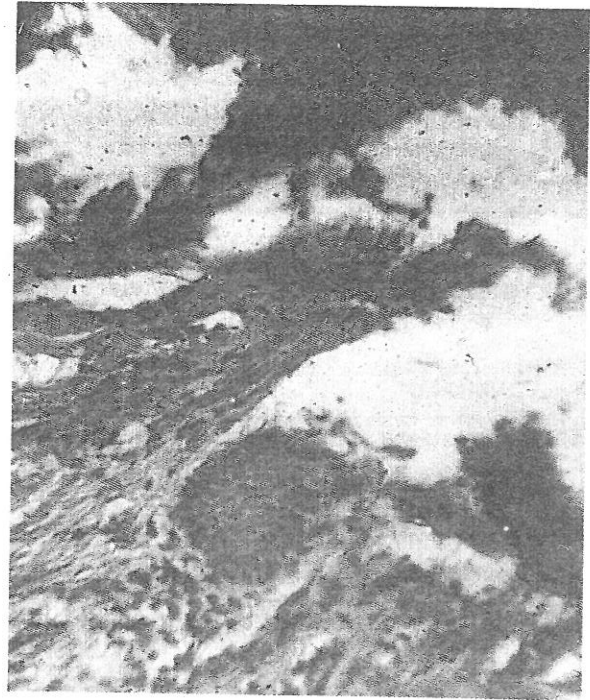


Fig.3.

was seen in the present case. Clinically, porokeratosis of Mibelli was excluded as well defined margin did not show groove. Verruca vulgaris was ruled out histopathologically and clinically. Molluscum-contagiosum was easily differentiated as papules were bigger and central pits rather than punctum were seen. This is perhaps the first case of perforating GA in Indian literature.

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