REACTIVE PERFORATING COLLAGENOSIS
(A case report)

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Summary

A case of reactive perforating collagenosis occurring in a 23 year old lady born of consanguinous parents is reported. No other member of the family was affected. Lesions had started appearing at the age of 12 years with remissions and exacerbations. The lesions were mainly distributed over the exposed parts of the body. Histopathology was consistent with the clinical diagnosis. The paucity of reports regarding this entity has prompted the author to report this case.

Mehregan and his associates in 1967[1] first reported this disease which is characterised by pinhead sized, skin coloured papules of 4-6 mm. size with a central area of umbilication filled with a keratinous material. Mehregan's case was a girl of 6 years who had the disease from early infancy. The discrete papules may be numerous and are usually distributed over areas subject to frequent trauma like backs of hands, forearms, elbows and knees[2]. The lesions reach their maximum size in a month's time and regress spontaneously in another 1-2 months' time leaving temporary hypopigmentation. It is assumed that an unidentified defect inherited as an autosomal recessive character[3] is responsible for this disease.

Case Report

A 23 year old lady presented with multiple skin coloured papules with central umbilication on the exposed parts of forearms and over face, forehead and scalp (Fig. 1). The lower limbs were comparatively free of lesions. The central umbilication contained a keratinous plug. Pitted scars which were left behind by previous lesions were also present over the face and upper extremities. The lesions had started cropping up from 12 years of age. Since then there had been remissions and exacerbations. The lesions gradually enlarged in size in 3-4 weeks time and regressed by the 8th week leaving scars.

Patient was born to consanguinous parents. There was no family history of similar problem.

Routine haematological examination and urinalysis were normal. Blood VDRL was non-reactive. Mantoux test was negative and skiagram chest was within normal limits.

Histopathological Findings

A fully developed lesion was biopsied and serial sections studied with H & E and Van-Gieson's stain for collagen. There was loss of epidermis and small epidermal depressions filled with inflammatory cells containing lymphocytes and polymorphs and eosi-

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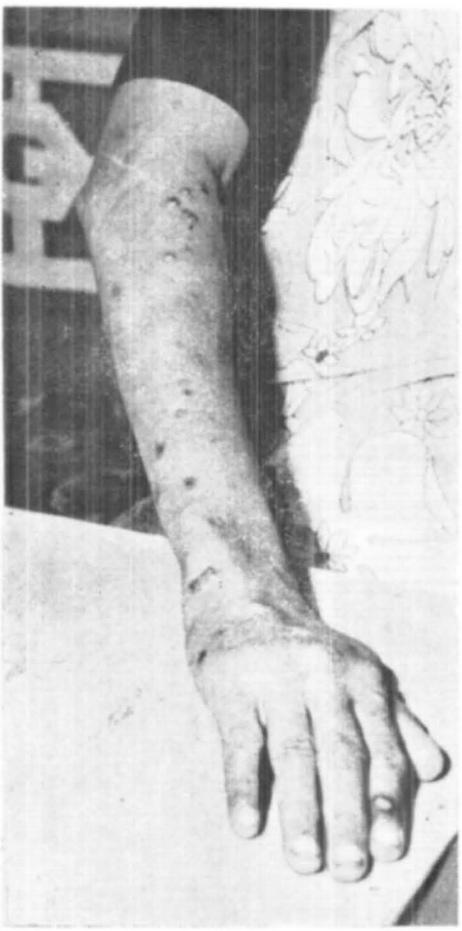

Fig. 1 showing skin coloured papules with central umbilication and pitted scars on the exposed parts of forearm and hand.

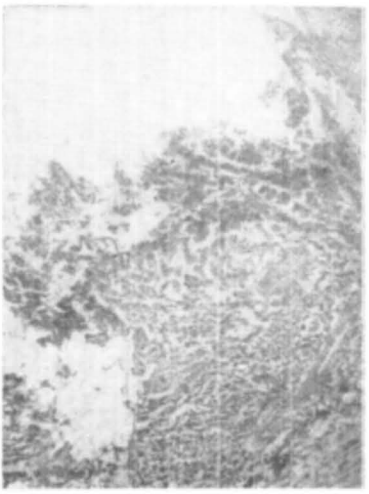

Fig. 2 H & E x 50 showing epidermal depression filled with eosinophilic keratotic material.

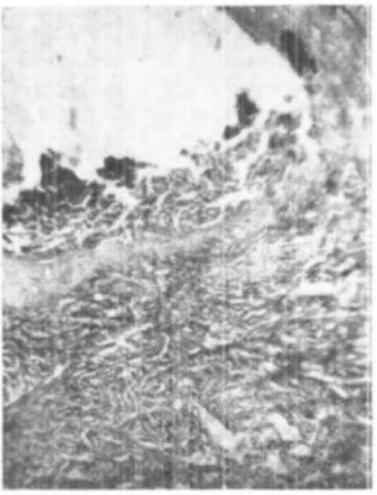

Fig. 3 Reactive Perforating Collaginosis, Van Gieson's stain x 50 showing disrupted collagen in the dermis.

nophilic parakeratotic material (Fig. 2). The deeper tissue showed basophilic degeneration and inflammatory cells. Van-Gieson's stain showed disrupted collagen in the dermis. (Fig. 3)

Discussion

Only few reports have appeared in the literature after the original case was reported in 1967[1]. Mehregan et al postulated that the disease results from an abnormal response of the collagen to superficial trauma. This view has been upheld by most other workers[4,5,6]. Gangadharan et al[7] reported three members in one family affected by the disease. Their case differed from the original description in that the lesions were generalised in distribution. Hence they suggested that some etiological mechanism other than trauma is initiating the disease. They again postulated that the collagen

in the upper dermis in this disease is genetically abnormal and this is extruded through the epidermis following degeneration. The present case differs from others in that no other member of the family suffered from the disease. There was history of consanguinity.

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