## CASE REPORTS

# GRANULOMA FACIALE - AN UNCOMMON PRESENTATION AND RESPONSE TO DAPSONE

Sanjeev Handa, Goutam Dawn, Ashim Das\*, Bhushan Kumar

A patient of Granuloma faciale with atypical features and response to dapsone is reported.

Key words: Granuloma faciale, Dapsone.

#### Introduction

Granuloma faciale is mostly characterised by a solitary cutaneous nodule on the face, though occasional cases of multiple or disseminated lesions are also mentioned in literature. 1,2 The etiology is largely unknown, however, due to its occurrence on light exposed areas, and the reported worsening with sun exposure, the effect of actinic exposure has been considered in the etiology.3 The diseases is usually asymptomatic and follows a chronic and slowly progressive course. Spontaneous involutions are on record, treatment is often difficult and unrewarding as both recurrence and appearance of new lesions are not unexpected. 4 Intralesional triamcinolone, surgical excision, electrocautery, cryosurgery, argon and co, lasers and radiotherapy have all been tried as different modalities of treatment 4,5

### Case Report

A 54-year-old male reported with 3 firm, dull red, dome shaped, papulo-plaque lesions (1.5x1 cm) over both cheeks and nose of 3

yeras duration. Telangiectasias were noted at the periphery of only 1 lesion. It was a solitary lesion to begin with, over the left cheek and subsequently 2 other lesions appeared. The lesions progressed for about 1 year and subsequently spontaneous but partial remissions and relapses were noted. There was no seasonal variation. The patient was asymptomatic and other parts of the body were normal. A differential diagnosis of sarcoidosis, Jessner's lymphocytic infiltrate and granuloma faciale was considered. Histopathology showed mild spongiosis in the epidermis with mixed inflammatory perivascular infiltrate rich in eosinophils, neutrophils and nuclear dust (Fig 1). There were prominent features of vasculitis. These changes were consistent with the diagnosis of granuloma faciale. Patient was put on tablet dapsone 100 mg twice daily with significant regression of the lesions within 2 months and complete clearance subsequently.

#### Comments

Granuloma faciale is an uncommon disease seen in middle aged men presenting as a solitary well circumscribed nodule, soft on palpation and with variable shades of colour. Our patient had few unusual features. He had multiple lesions which were firm in consistency. Surface of the lesions was smooth and telangiectasias were noted at the

From the Departments of Dermatology

Venereology & Leprolgoy and Pathology\*

Postgraduate Institute of Medical Education and Research, Chandigarh.

Address correspondence to : Dr Bhushan Kumar

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Fig. 1. Perivascular infiltrate rich in eosinophils, neutrophils and nuclear dust (H&E stain, x 140)

periphery of only one lesion. There was neither any sinking at the centre, scaling nor prominent follicular orifices, features which are considered classical for this disorder.<sup>4</sup> A history of waxing and waning as described by our patient is also unusual for granuloma faciale.

Histopathology helped us to clinch diagnosis. Since dapsone has been reported be beneficial in granuloma faciale. 6.7 Beio undertaking any invasive procedures we the patient on 100 mg of dapsone twice date to which he showed a remarkable response

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