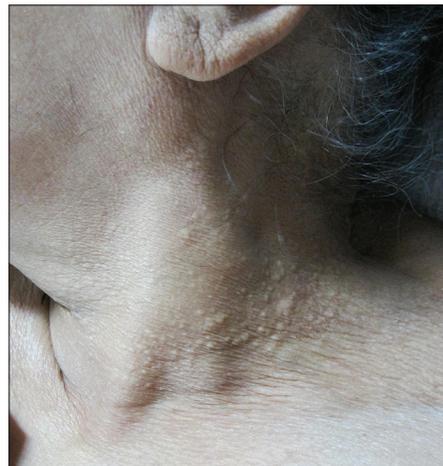


Sir,

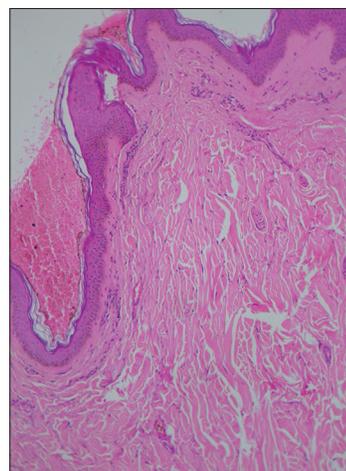
White fibrous papulosis of the neck (WFPN) is an under-reported entity. It is characterized by multiple, 2-3 mm sized, discrete, asymptomatic, pale- to skin-colored, non-follicular, firm papular lesions present predominantly on the neck in elderly individuals. The racial prevalence is unclear although it has been reported from various parts of the world, with no sexual predilection.<sup>[1]</sup>

A 73-year-old woman presented with mildly pruritic, papular lesions on her neck for 1 year. She had no history of prolonged sun exposure and denied rubbing or scratching the affected areas. Her other illnesses included hypertension, paroxysmal atrial fibrillation, chronic kidney disease and hyperuricemia for which she was being treated with doxeremide, clopidogrel and aspirin combination, and febuxostat. There was no history suggestive of vascular, gastrointestinal or ocular disorders and no history of similar lesions in other family members. Dermatological examination revealed multiple, discrete, non-confluent, pale- to skin-colored papular lesions predominantly on the lateral side of her neck extending to the nape of the neck. The lesions were firm, non-follicular, and varied in size from 2-4 mm and had progressively increased in number slowly over the past 1 year [Figure 1]. Examination of the cardiovascular, respiratory and gastrointestinal systems revealed no abnormalities and her peripheral pulses were normal. Examination of the fundus did not demonstrate angioid streaks. Skin biopsy from the papules revealed mild orthokeratotic hyperkeratosis and haphazardly arranged bundles of collagen fibers in the reticular and deep dermis. The elastic fibers were normal but slightly reduced in number [Figures 2-4]. In view of the normal elastic fibers seen on histology, characteristic clinical features and lack of systemic signs a diagnosis of white fibrous papulosis of neck was made. The patient was counseled regarding the condition and no treatment was given. There had been no change in the lesions on follow up 6 months later.

White fibrous papulosis of neck was described in 1985 by Shimizu and Nishikawa.<sup>[2]</sup> Clinically, it is characterized by multiple, usually

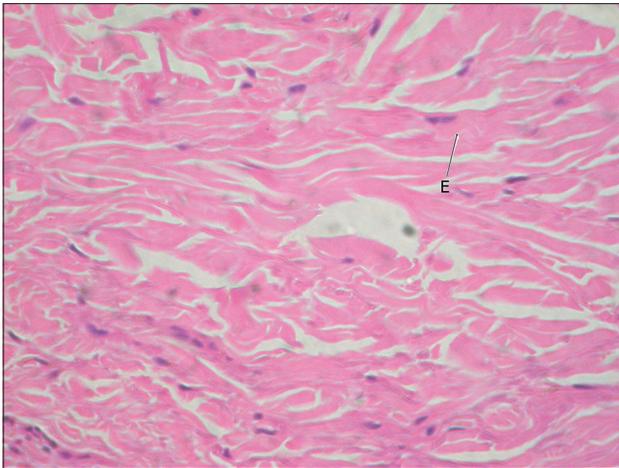


**Figure 1: Multiple, discrete, non-follicular, firm papules on the lateral aspect of the neck**

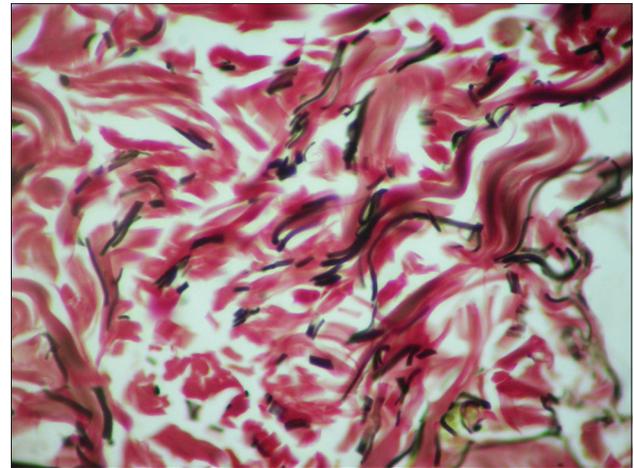


**Figure 2: Haphazardly arranged bundles of collagen fibers in the reticular and deep dermis. (H and E, x100)**

asymptomatic, non-confluent, non-pedunculated, and non-follicular, firm papules occurring on the posterior or lateral sides of the neck. They may vary in number and size and may rarely involve other sites such as the trunk and upper arms.<sup>[3]</sup> No associated systemic co-morbidities have been reported with this condition and the occurrence of paroxysmal atrial fibrillation and chronic kidney disease in our patient may be purely coincidental. Whether systemic conditions or drug intake have a role in triggering the disease needs further elucidation.



**Figure 3: Higher magnification with bundles of collagen with elastic fibers (E) (H and E, x400)**



**Figure 4: Elastic fibers in black and collagen fibers seen in red (Verhoeff-VanGieson, x400)**

**Table 1: Differential diagnosis of white fibrous papulosis of neck**

Disorder	Age of onset	Clinical features	Histopathology	Von Kossa staining
Pseudoxanthoma elasticum (PXE)	Early childhood, but rarely may also first appear in old age	Yellowish-white, discrete to confluent papules-‘cobblestone’, or ‘chicken skin’ appearance-involving the neck, axillae, abdomen, groins, perineum, and thighs	Elastic fibers appear basophilic due to calcium deposition, fragmentation and clumping is seen in the reticular dermis. Collagen fibers are split	Positive
Pseudoxanthoma elasticum-like papillary dermal elastosis <sup>[6]</sup>	Postmenopausal and elderly women	Soft, yellow papules with a tendency to coalesce into cobblestone plaques on the neck, simulating inherited PXE	Marked decrease to absence of elastic fibers in the papillary dermis, no calcification or fragmentation seen	Negative (absence of calcified fragmented elastic fibers)
White fibrous papulosis of neck	Elderly individuals	Discrete and firm papules	Normal to slightly decreased elastic fibers Thickened collagen bundles in the papillary dermis	Negative
Mid-dermal elastolysis <sup>[5]</sup>	Young and middle aged women	Type I-patches of well-circumscribed fine wrinkles involving the trunk and proximal extremities Type II-perifollicular papular protrusions Type III-persistent reticular erythema and wrinkling	Selective loss of elastic fibers in the mid-dermis, associated with mild lymphohistiocytic infiltrates and elastophagocytosis of elastic fibers by macrophages	Negative

PXE: Pseudoxanthoma elasticum

Histologically, white fibrous papulosis of neck is characterized by slight, focal increase and thickening of collagen fibers in the papillary dermis. accompanied by normal to decreased elastic fibers.<sup>[4]</sup> It has clinical and histological similarities with dermatoses such as pseudoxanthoma elasticum-like papillary dermal elastosis (PXE-PDE) and mid-dermal elastosis (MDE). These are distinguishable on the basis of subtle signs [Table 1]. In circumstances where there is sharing of clinical and histopathological features, the term “fibroelastolytic papules of the neck” (FEPN) has been used.<sup>[5,6]</sup> Ultrastructurally, no abnormalities of the elastic fibers are observed and collagen fibrils seem tightly compacted with a slight increase in their diameter. These changes are considered to be non-specific features of papillary dermal fibrosis, associated with structural collagen

alterations and/or abnormalities of the extracellular microenvironment.<sup>[7]</sup>

Treatment of this condition is unsatisfactory and not necessary considering the benign nature of the condition. Natural regression has not been reported.

**Rajat Kandhari, Sanjiv Kandhari, Sudhir Jain<sup>1</sup>**

Consultant Dermatologist, Dr. Kandhari's Skin and Dental Clinic, <sup>2</sup>Consultant Pathologist, OncQuest Laboratories, New Delhi, India

**Address for correspondence:** Dr. Rajat Kandhari, 11, Munirka Marg, Vasant Vihar, New Delhi - 110 057, India. E-mail: rkandhari@gmail.com

**REFERENCES**

1. Kim HS, Yu DS, Kim JW. White fibrous papulosis of the neck. J Eur Acad Dermatol Venereol 2007;21:419-20.

2. Shimizu H, Nishigawa T, Kimura S. White fibrous papulosis of the neck; review of our 16 cases. *Nihon Hifuka Gakkai Zasshi* 1985;95:1077-84.
3. Mitoma C, Takahara M, Takeshita T, Kiryu H, Moroi Y, Furue M White fibrous papulosis on the trunk and upper arms. *Int J Dermatol* 2013;52:337-8.
4. Chan JY, Chu CY, Hsiao CH, Chen JS. Fibroelastolytic patterns of intrinsic skin aging: Pseudoxanthoma elasticum – like papillary dermal elastolysis and white fibrous papulosis of the neck. *Dermatol Sin* 2003;21:402-7.
5. Rongioletti F, Izakovic J, Romanelli P, Lanuti E, Miteva M. Pseudoxanthoma elasticum-like papillary dermal elastolysis: A large case series with clinicopathological correlation. *J Am Acad* 2012;67:128-35.
6. Jagdeo J, Ng C, Ronchetti IP, Wilkel C, Bercovitch L, Robinson-Bostom L. Fibroelastolytic papulosis. *J Am Acad Dermatol* 2004;51:958-64.
7. Zanca A, Contri MB, Carnevali C, Bertazzoni MG. White fibrous papulosis of the neck. *Int J Dermatol* 1996;35:720-2.
8. Rongioletti F, Rebori A. Pseudoxanthoma elasticum like papillary dermal elastolysis. *J Am Acad Dermatol* 1992;26:648-50.

Access this article online	
<b>Quick Response Code:</b>	<b>Website:</b>
	www.ijdv.com
	<b>DOI:</b> 10.4103/0378-6323.152325