GRANULOMA MULTIFORME

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An anaemic adult female developed granuloma multiforme characterised by hypopigmented papules and annular plaques on her trunk and limbs. Histopathology revealed necrobiosis of collagen and palisading by histiocytes.

Key words : Granuloma multiforme.

Granuloma multiforme was first reported from Nigeria by Leiker et al in 1964.[1] The condition is endemic in the villages of eastern Nigeria and has also been reported from Kenya[2,3] and Congo.[4] It has probably not been reported earlier from India.

Case Report

A 20-year female suffered from progressive, itchy, papular and annular lesions over the trunk, and the upper and lower limbs for the last two months. Itching decreased spontaneously after a few days. There was no systemic abnormality except anaemia. Numerous 0.5 to 10 cm diameter, bilateral, symmetrical, erythematous and hypopigmented plaques were present on the trunk and limbs. Plaques had sharply-defined hypopigmented raised polycyclic margins (Fig. 1). The initial lesion was a hypopigmented scaly papule which developed semilunar shape. A number of adjacent semilunar papules merged to form annular plaque with a fine, sharp, polycyclic margin. Old lesions improved after 20 days treatment with multivitamins, iron capsules and local corticossteroids. However, new crops of papules appeared as old lesions were healing. Her hemoglobin was 8.5 gm%. Peripheral blood film showed dimorphic hypochromic red blood cells, adequate platelets and no immature cells. TLC, DLC, urine and stool reports were normal. ESR was 24 mm. Repeated skin scrapings for fungus were negative. Biopsy revealed hyperkeratosis, parakeratosis, focal acanthosis, thickening of the vessel walls with perivascular mononuclear infiltrate at places, complete and incomplete degeneration of collagen fibres, necrobiosis with histiocytic granuloma and multinuclear giant cells (Fig. 2). These changes were consistent with granuloma multiforme.

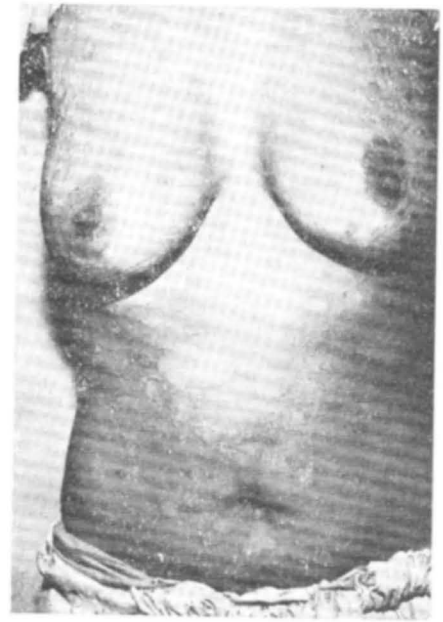

Fig. 1. Hypopigmented papules, semilunar and annular plaques with sharp polycyclic margins.

Comments

Important observations in our patient were presence of anaemia, rapid evolution of pruritic hypopigmented papules to semilunar shapes, coalescence to form annular plaques with sharp, fine, raised hypopigmented, polycyclic margins.

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Fig. 2. Thickening of vessel walls with perivascular mononuclear infiltrate. Degeneration of collagen with palisading by histiocytes.

Plaques of granuloma multiforme are predominantly on the exposed sites,[4] but our patient had extensive plaques on the trunk and limbs. Erythema and scales from the centre of the plaques disappeared during healing, and then the margins flattened. New crops of papules appeared as the old plaques subsided, and thus the disease runs an indefinite course as observed by others. It closely simulates granuloma annulare, but it has a rapid evolution of papules to form polycyclic plaques, with pruritus, and healing of the old plaques within a few weeks and appearance of new crops of papules.

References

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