

Quiz

Annular erythematous plaque on the dorsum of hand

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Report of a case

A fifty-five year old woman presented with two years history of a slowly enlarging, erythematous, annular plaque on the dorsal surface of right hand. It was completely asymptomatic. The patient had no significant medical history.

Physical examination showed erythematous papules arranged in a well-defined annular pattern on the dorsum of right hand (Figure 1). A biopsy was taken (Figure 2).

Microscopic findings

Histologic examination of the skin specimen showed a central core of degenerated collagen surrounded by an infiltrate of lymphocytes and histiocytes. The collagen was granular and intensely eosinophilic. Few giant cells were seen in the periphery of the infiltrate.

What is your diagnosis?



Figure 1

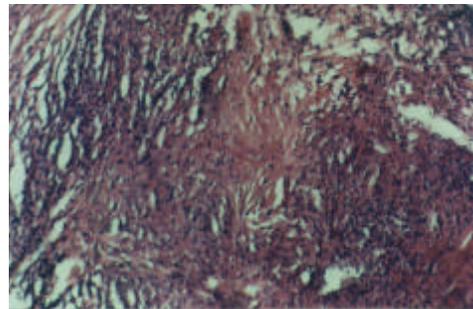


Figure 2

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Diagnosis

Granuloma annulare

Discussion

Granuloma annulare is a benign, inflammatory, usually self-limiting dermatosis of unknown cause. It is characterized by necrobiotic dermal papules that are commonly arranged in an annular configuration. It is predominantly a disease of children and young adults but it can start at any age.

The cause of the disease is not known but it is generally believed that the reaction is an immunologically-mediated one in which inflammation surrounds blood vessels and the collagen and elastic tissues are altered. The role of inciting agents such as tuberculin testing, herpes zoster, viral warts, HIV and trauma suggests that the antigen from these infections or immunologic agents or an altered dermal antigen may be responsible for the inflammatory reaction.¹

Our patient suffered from localized type of granuloma annulare which is the most common type. It is characterized by a group of firm, erythematous to skin-

colored papules arranged in a ring or semicircle fashion. The centre of the lesion is usually depressed. It commonly appears on the dorsum of hands and feet, but rarely other parts can be involved. The lesion spontaneously clears in three months to two years without scarring.² The chief laboratory aid to the diagnosis is biopsy.

Although the disease is usually self-limiting, but a wide variety of treatment modalities are reported to be effective including topical or intralesional glucocorticoids, X-rays, laser and cryotherapy. Systemic treatments employed are dapsone, PUVA, cyclosporin, chloroquine and chlorambucil with variable results.³

References

1. Hogan DJ. Localised Granuloma annulare. *J Am Acad Dermatol* 1984; **10**: 1068-9.
2. Mullan E, Helmck F. Granuloma annulare: An immunohistochemical study. *J Cutan Pathol* 1994; **21**: 135-7.
3. Mark VD. Granuloma annulare. In: Freedberg IM, Eisen AZ, Wolff K *et al.*, eds. *Dermatology in General Medicine*, 5th edn. New York: McGraw-Hill; 1999. p. 1152-6.