Granuloma Faciale with Disseminated Extrafacial Lesions

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Received: August 11, 2009
Accepted: February 25, 2010

Introduction

Granuloma faciale (GF) is a rare cutaneous disorder categorized as a localized form of small-vessel vasculitis. Clinically, it manifests as single or multiple well-demarcated red-brown plaques, papules and nodules, nearly always confined to the face. Herein, we report a 39-year-old man with multiple red-brown infiltrated plaques on face and extrafacial lesions on back, shoulders and both arms. Skin biopsy revealed typical histopathological findings of GF. The patient failed to respond to pulsed dye laser but intralesional triamcinolone combined with cryotherapy led to an acceptable response. (Iran J Dermatol 2009;12: 131-133)

Keywords: extrafacial granuloma faciale, disseminated granuloma faciale, small-vessel vasculitis

Case Report

A 39-year-old man presented to our clinic with several persistent mildly pruritic plaques over his forehead, shoulders, both arms and back for almost one year. The initial lesion had developed on the back with gradual involvement of the shoulders, arms and at last, the face. He had no significant past medical history.

On examination, there were red-brown, 0.5–3 cm, well-demarcated and slightly indurated non-scaly papules and plaques over the face (Figure 1), back (Figure 2), shoulders and arms. The follicular openings over some lesions were accentuated.

Abstract

Granuloma faciale (GF) is a rare cutaneous disorder categorized as a localized form of small-vessel vasculitis. Clinically, it manifests as single or multiple well-demarcated red-brown plaques, papules and nodules, nearly always confined to the face. Herein, we report a 39-year-old man with multiple red-brown infiltrated plaques on face and extrafacial lesions on back, shoulders and both arms. Skin biopsy revealed typical histopathological findings of GF. The patient failed to respond to pulsed dye laser but intralesional triamcinolone combined with cryotherapy led to an acceptable response. (Iran J Dermatol 2009;12: 131-133)

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Figure 1. Facial red-brown papules and plaques
Initially, the patient was treated with pulsed dye laser (585 nm) for two sessions but no response was observed. Then, cryotherapy in combination with intralesional triamcinolone acetonide (5 mg/ml) was tried. This treatment was repeated every 4 weeks for three courses, resulting in an acceptable response.

**Discussion**

Granuloma faciale is characterized by one to several soft erythematous to livid papules, plaques or nodules with follicular accentuation. It is often a disorder of middle-aged white men, but it can occur at any age and sex. The typical lesion of granuloma faciale is a solitary plaque on the face.

Extrafacial involvement is rare and has been reported to involve the back, arms, chest, shoulders and thighs. Our case had involvement of the back, shoulders and arms in addition to typical facial lesions. The precedence of extrafacial lesions some months prior to facial ones in our patient was quite striking that has been reported only once before.

GF has distinctive clinical characteristics but erythema elevatum diutinum, sarcoidosis, lymphoma, lupus, and basal cell carcinoma are the main differential diagnoses.

GF is resistant to treatment. Many different medical therapies, including topical or intralesional corticosteroids, antimalarials, clofazemin, isoniazid, and topical tacrolimus have been tried with various results. A variety of surgical procedures, such as surgical excision, dermabrasion, argon laser, carbon dioxide laser, pulsed dye laser, electrosurgery and cryotherapy have also been used for the management of GF. Also, a combination of intralesional corticosteroid and cryotherapy has been reported to be effective which had an acceptable result in our patient.

**References**