

A Chronic Annular Plaque on the Neck

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DESCRIPTION

Elastosis perforans serpiginosa (EPS) is a rare variant of primary perforating dermatosis posing difficulties for diagnosis as well as treatment [1].

A 25-year-old healthy man was referred to our institution for chronic slightly pruritic raised lesion that had been developed on his neck for more than a year. The patient was not taking any medications, denied any prior animal contact, trauma, or changing in environment before skin lesion onset. He reported having use topical antifungal for a month without improvement. Physical examination revealed erythematous, hyperkeratotic, annular plaque on the anterolateral aspect of the left side of the neck composed of multiple, infiltrated, keratotic papules with serpiginous, raised borders and central clearing (Figure 1).



Figure 1: Annular plaque on the anterolateral aspect of the left side of the neck composed of erythematous, keratotic papules with serpiginous, raised borders and central clearing.

Full blood count, fasting blood sugar and inflammatory markers were within normal limits. A punch biopsy specimen showed focal acanthotic epidermis with a transepidermal channel containing fragmented thick and degenerated elastic fibers (Figure 2a). An elastic stain showed markedly increased number of altered elastic fibers surrounding by lymphohistiocytic infiltrate in the papillary and reticular dermis (Figures 2b and 2c). With the above clinical and histopathological evidence, we diagnosed the case as idiopathic EPS. The patient was treated by topical steroids with partial improvement.

EPS is characterized by transepidermal elimination of abnormal elastic fibers commonly reported in men and usually occurs during the second decade of life [1]. EPS lesions are classically small, keratotic papules arranged in serpiginous or annular patterns usually affecting the neck and face [1,2]. Although its etiopathogenesis is still unclear, it is divided into three forms; most commonly as an idiopathic, reactive to connective tissue disorders and drug-induced [1-3].

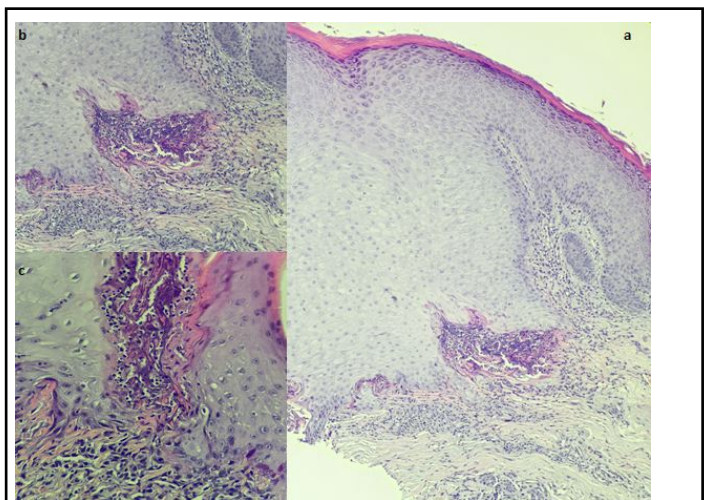


Figure 2: Focal acanthotic epidermis with a transepidermal channel containing fragmented thick and degenerated elastic fibers (a*40, b*200) with an inflammatory infiltrate in the dermis consisting of lymphocytes and histiocytes(c*400).

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CONCLUSION

To date, the management of this condition is very difficult and the treatment modalities are numerous. Recently, topical imiquimod, topical tazarotene and pulse dye laser of 585 nm wavelength have been found to be beneficial in some cases.

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