

“Help me with these spots!”

Benjamin Barankin, MD, FRCPC

A 35-year-old female with diabetes presents with numerous erythematous, brown, asymptomatic plaques on her hands, thighs and knees. She is bothered by the cosmetic appearance and she would like to stop having to cover up the areas because of embarrassment.

What’s your diagnosis?

This is a case of **Granuloma annulare (GA)**, a benign, idiopathic, inflammatory skin condition of dermal papules and annular plaques. There are several clinical variants, including:

- localized GA (most common),
- generalized GA (10%),
- subcutaneous GA,
- perforating GA (5%) and
- arcuate dermal erythema.

Localized GA is most common in children and young adults and GA is more common in women.

Localized GA typically manifests as groups of small, dull, erythematous, brown papules, often in an annular arrangement (*i.e.*, raised border, central clearing) over distal extremities, especially on the hands, the feet and the extensor limbs. It is an idiopathic condition, with controversial links to infections, diabetes and thyroid disease; in some cases there also appears to be a hereditary component.

GA is often a clinical diagnosis and laboratory investigations are seldom contributory. A punch or incisional biopsy is recommended for atypical or uncommon presentations. This



Figure 1. Semi-circular, erythematous, light brown plaque, with raised border.

is especially relevant if the dermal papules or the annular plaques are growing quickly and are tender.

GA is a benign, idiopathic, inflammatory skin condition of dermal papules and annular plaques.

Histopathology reveals foci of degenerative collagen, associated with palisaded granulomatous inflammation. There is separation of collagen bundles by mucin, which shows up on special stains.

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resolve spontaneously. Various treatments have been tried, but can be frustrating in their results. Intralesional corticosteroids (2.5 mg/ml to 5 mg/ml of triamcinolone acetonide every six weeks to eight weeks) is the most uniformly successful therapy. Potent topical steroids, with or without occlusion, are often used. Cryotherapy in Caucasian skin can be of benefit. While localized GA resolves after an average of two years duration, generalized forms of GA are more difficult to treat and are less likely to resolve spontaneously. Phototherapy is commonly employed in generalized GA and occasionally, oral retinoids are offered.

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Dr. Barankin is a Dermatologist in Toronto, Ontario.

CME is proud to announce that the winner for our iPod Nano® contest is Dr. Steve Coyle!

We asked him to share a little about himself and here is what he had to say...

I am currently employed as the C.M.O. of the Misericordia Health Centre in Winnipeg, specialising in respiratory and cardiovascular medicine. I graduated in 1975 at Newcastle upon-Tyne medical school in the UK and I moved to Canada in 1979. My special interest is in medical research.

I will be using the iPod to enjoy music on my leisure time.

Thank you **CME** for this great prize!

