

“What is this brown spot on my toe?”

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A 35-year-old female presents with two erythematous, brown, asymptomatic plaques on her knee and big toe. She is bothered by the cosmetic appearance and would like to stop having to cover up the areas because of embarrassment. She is on no medications, although she takes occasional ibuprofen for tension headaches.

What is your diagnosis?

Granuloma annulare (GA) is a benign inflammatory skin condition of dermal papules and annular plaques commonly affecting acral sites. There are several clinical variants, including:

- Localized GA (most common, especially in children and young adults)
- Generalized GA (10%)
- Subcutaneous GA
- Perforating GA (5%)
- Arcuate dermal erythema

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

GA is often a clinical diagnosis. A punch or incisional biopsy is recommended for atypical or uncommon presentations and especially if growing quickly and tender. Histopathology reveals foci of degenerative collagen associated



Figure 1. Brown, asymptomatic plaque on big toe.

with palisaded granulomatous inflammation and interstitial mucin.

Management involves reassurance that the condition is benign and will resolve spontaneously in most cases. Various treatments have been tried but can be frustrating in their results. Intralesional corticosteroids (2.5 mg/ml to 5 mg/ml triamcinolone acetonide q six to eight weeks) is the most uniformly successful therapy. Potent topical steroids with or without occlusion can also be tried with less efficacy. 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 resistant to treatment and may have a chronic course. Phototherapy and oral retinoids are commonly employed in generalized GA.

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