



“Are these from the farm?”

Benjamin Barankin, MD

A 40-year-old female with hypothyroidism presents with a three-month history of firm, brown papules and plaques on her left cheek (Figure 1). She has been treated with topical steroids and liquid nitrogen, even though a diagnosis has not been established. The papules are asymptomatic, but she is greatly bothered by their appearance. She wonders if this might be infectious, since she has five dogs at home and lives on a farm. She is not taking any medications and has no drug allergies.



Figure 1. Patient presents with firm, brown papules on cheek.

1. What is the most likely diagnosis?

- Melasma
- Discoid lupus erythematosus
- Tinea faciei
- Granuloma faciale
- Sweet's syndrome

2. What organ systems are involved with this condition?


- Skin
- Renal
- Pulmonary
- a & c
- All of the above

3. What is a reasonable treatment option?

- Intralesional cortisone
- Liquid nitrogen cryotherapy
- Potent topical corticosteroids
- Laser
- All of the above

Granuloma faciale (GF) is an uncommon, asymptomatic, idiopathic, benign chronic skin disease of middle-aged adults characterized by single or multiple brown cutaneous nodules or plaques, usually occurring on the face. Occasionally, extrafacial involvement is noted, most often on sun-exposed areas. The disease mimics many other skin conditions; in particular, sarcoidosis should be ruled out.

Clinicopathologic correlation is beneficial, with characteristic histologic findings of a grenz zone of uninvolved dermis, with a polymorphous infiltrate below it. Vasculitic changes and red blood cell extravasation and hemosiderin are often noted. Blood work is not warranted.

GF is resistant to treatment and, thus, various treatments should be offered and tried empirically. Medical options include topical and intralesional steroids, antimalarials and dapsone. Other options include cryotherapy, laser and surgical excision. 

“Case in Point” is a series of interesting cases and diagnoses to help general practitioners sharpen their skills. Submissions and feedback can be sent to diagnosis@sta.ca.

Dr. Barankin is a Senior Dermatology Resident, University of Alberta, Edmonton, Alberta.

Answers: 1-d; 2-a; 3-e