



“Something is wrong with my elbow!”

Benjamin Barankin, MD, FRCPC

A 30-year-old otherwise healthy female presents with slowly enlarging, asymptomatic plaques on her elbows. There are no lesions elsewhere. She has failed a trial of topical steroids.



Figure 1. Plaque on the elbow.

1. What is the most likely diagnosis?

- Tinea corporis
- Sarcoidosis
- Nummular eczema
- Granuloma annulare
- Melanoma

2. Which of these is not a clinical variant of this lesion?

- Localized
- Generalized
- Perforating
- Subcutaneous
- Superficial spreading

3. How could you manage this lesion?


- Educate and reassure as to benign nature
- Liquid nitrogen cryotherapy
- Intralesional triamcinolone
- Isotretinoin
- All of the above

This is an uncommon benign inflammatory condition characterized clinically by red-brown papules and annular plaques and histologically by foci of degenerated collagen with palisaded granulomatous inflammation. Clinical variants include:

- Localized granuloma annulare (GA) (most common),

- Generalized GA (approximately 10% of patients)
- Subcutaneous GA (usually in children)
- Perforating GA (approximately 5%; usually in children)
- Arcuate dermal erythema

Women are more commonly affected and the localized form as depicted in this case is typically found in children and young adults.

The etiology of GA is uncertain. Familial cases have been reported and the generalized form has shown weak association with diabetes mellitus. Where diagnosis is in doubt, a biopsy is warranted. No blood tests are indicated. This is a self-limited condition in most cases. Potent topical steroids under occlusion can help, though intralesional corticosteroids are considered the treatment of choice. Careful liquid nitrogen cryotherapy can be of benefit as well. 

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

Dr. Barankin is a Dermatologist practicing in Toronto, Ontario.