

Linear Granuloma Annulare: Atypical and Unusual Clinical Variant

To the Editor. - A 52-year-old female patient presented with skin eruptions on her right forearm for two months. There was no history of any dermatological disease or any drug intake. Dermatological examination revealed a great number of erythematous papules on the right forearm, clustered together or scattered and varying in sizes between 2-6 mm (**Figure 1**). The erythematous papules were seen in linear distribution. Insect bite, lichen striatus, xanthoma and epidermal nevi were considered in the differential diagnosis. Histologically, there was a granulomatous reaction, which includes histiocytes, multinucleated giant cells and lymphocytes. Areas of necrobiosis surrounded by palisaded of histiocytes, multinucleated giant cells and lymphocytes in the upper dermis were seen (**Figure 2**). Histopathology revealed typical features of a granuloma annulare. The diagnosis of linear granuloma annulare was given in the patient and topical corticosteroid treatment was started. One month later, there was no change in lesions.

Granuloma annulare is a benign granulomatous disease of unknown aetiology. The primary skin lesion usually is grouped papules in an enlarging annular shape, with color ranging from flesh-colored to erythematous [1]. Most of patients are under 30 years of age, and it is approximately twice more common in females than in males [2]. The eruption can occur anywhere on the body, but it occurs least often on the face and most often on the lateral or dorsal surfaces of the hands and feet. The four main clinical variants of granuloma annulare are: localized, disseminated, subcutaneous, and perforating. However numerous atypical variants have been reported [3]. One of these variants is known as linear granuloma annulare which is characterized by papules and nodules in linear distribution [4]. Linear granuloma annulare is a relatively recently described variant of disease and only a handful of reports have illustrated patients with it. In all cases in the literature, papules and nodules in linear distribution represented the primary lesions and histologically confirmed diagno-



Figure 1. Erythematous papules on the right forearm

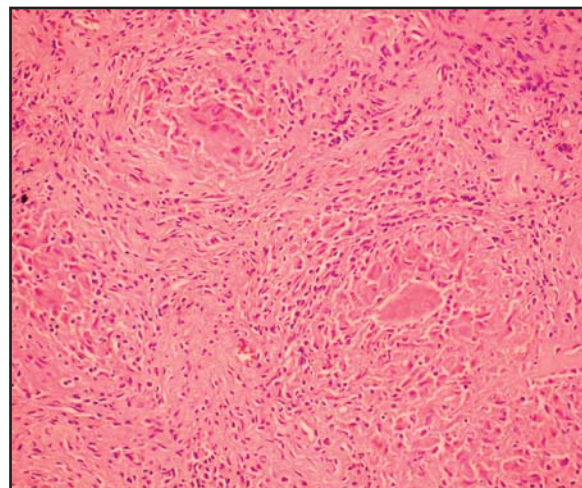


Figure 2. Palisading histiocytes around necrobiosis in superficial dermis (H&E, x100)

sis of linear granuloma annulare [4,5,6,7]. In the differential diagnosis of linear granuloma annulare must be considered linear dermatoses, for example; epidermal nevi, incontinentia pigmenti, lichen striatus, nevus lipomatosus cutaneus superficialis, multiple leiomyomas or insect bite [4].

The diagnosis of linear granuloma annulare was made in our case, by the presence of only erythematous papules in linear distribution, by absence of papules in an annular configuration and upon confirmation with histopathologic methods. This case is presented in order to keep in mind linear granuloma annulare, in evaluating patients presenting with erythematous papules in linear distribution.

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