



ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

ACNEIFORM FOLLICULAR MUCINOSIS: A RARE CLINICAL VARIANT

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Background: Follicular mucinosis (FM) is an unusual condition with unknown etiology corresponding to an epithelial reaction to different stimuli, causing intra and perifollicular mucin deposition. It is classified into a primary benign idiopathic form and a secondary form associated with lymphoproliferative disorders, mainly folliculotropic mycosis fungoides. Acneiform follicular mucinosis is an infrequent primary FM variant, clinically characterized by infiltrated brownish or erythematous, recurrent and pruritic or asymptomatic papules mostly on the face, but also on neck or arms. It is a chronic condition with poor treatment response; topical steroids, tretinoin, doxycycline and hydroxychloroquine have been used.

Observation: A 32-year-old female presented with a 3 years history of pruritic and recurrent facial lesions, which persist days to weeks and completely resolve spontaneously for two to three months with frequent relapses. She also mentioned facial erythema which worsens with high temperature, stress, exercise or alcohol intake. She had been treated for contact dermatitis and rosacea (topical steroids, topical erythromycin-metronidazole and propanolol) with slight and temporary improvement. The patient denied any constitutional symptoms. Physical examination showed multiple skin-coloured and erythematous infiltrated papules on the forehead, superior eyelids, nasal dorsum and cheeks. Skin biopsy revealed follicular mucin deposits, muciphages and a dermal lymphohistiocytic infiltrate. According to the clinicopathological findings a diagnosis of acneiform FM was made, and doxycycline 100 mg/d was prescribed with clinical improvement after two months of treatment.

Key message: Acneiform FM is an uncommon disease, clinically similar to diverse common inflammatory or infectious dermatoses, implying a problematic diagnosis. It is essential to identify the clinical and histopathological features of this condition, to make a proper diagnosis and avoid unnecessary treatments. The prognosis of acneiform FM is unclear and a possible lymphoproliferative disease progression cannot be ruled out, thus long-term follow up is recommended.

