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

LUPUS MILIARIS DISSEMINATUS FACIEI WITH AXILLARY AND FACIAL INVOLVEMENT

Ahmed Mourad [1] - James Farmer [2] - Stephanie Petkiewicz [3] - Steven Glassman [4]

University Of Alberta Faculty Of Medicine & Dentistry, Dermatology, Edmonton, Canada [1] - University Of Ottawa, Pathology And Laboratory Medicine, Ottawa, Canada [2] - University Of Ottawa, Pathology And Laboratory Medicine, Canada, Canada [3] - University Of Ottawa, Dermatology, Ottawa, Canada [4]

Background: LMDF is an uncommon chronic granulomatous inflammatory skin condition which presents with multiple discrete erythematous to yellow-brown papules involving the central aspects of the face and the eyelids. There are a few hundred cases of LMDF reported in the literature; and cases of LMDF with axillary involvement are sparse. A review of the literature was performed and a total of 8 other reported cases of LMDF with axillary manifestations. Two of these cases reported LMDF with isolated axillary involvement.

Observation: A 65-year-old woman presented with a one-and-a-half-year history of erythematous to violaceous papular lesions in the axillae, and subsequently developed similar lesions over her eyelids and cheeks six months later. These lesions were asymptomatic and not associated with any pruritus or pain. Histological analysis of the lesions on the upper eyelids showed necrotizing and non-necrotizing granulomatous inflammation with similar findings for the biopsied lesions on the axillae. The pathological and clinical presentation was in keeping with Lupus Miliaris Disseminatus Faciei (LMDF) with facial and axillary involvement.

Key Message: LMDF with facial and axillary involvement is an unusual and rare manifestation of this disease. There is no gold-standard treatment for LMDF with axillary involvement, and treatments have included oral tetracyclines, oral dapsone, and isoniazid. One case report demonstrated a successful treatment of LMDF with isolated axillary involvement with doxycycline and topical tacrolimus. We opted to treat the patient with a similar regimen of doxycycline 100mg po daily and topical tacrolimus ointment 0.1% daily.