



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

MACRO COMEDONE MIMICKER: MULTIPLE MILIARY OSTEOMA CUTIS OF FACE; REPORT OF 3 CASES

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BACKGROUND: Miliary osteoma cutis of the face is a rare benign disorder of extra skeletal bone formation. It may be idiopathic or is a rare complication of chronic inflammatory acne vulgaris. It poses a cosmetic concern for the patient and diagnostic and therapeutic concern for the Dermatologist.

OBSERVATIONS: We hereby by present 3 middle aged female patients with multiple military osteoma cutis of the face. All of them had associated acne or history of acne. They were treated with oral and topical retinoids with improvement of their acne but with comedone like lesions which were persistent.

On physical examination, there were multiple, skin-colored, indurated, hard papules 1-2 mm in diameter on face. The lesions on the cheeks were numerous, and the cheeks had developed a coarse, indurated texture. Physical examination was normal. On attempting to extract the comedone with a needle, a sand-like gritty sensation could be felt.

None of the patients consented for biopsy. A radiograph of the face showed multiple calcifications involving the cheek and chin area. Laboratory examination were normal for all 3 patients.

Under anesthesia the skin was incised with an 11 number blade, and the calcified papules extirpated using a small curettage device for one patient while extraction with incision with 23 no.needle was done for the other two. Treatment was limited only to the prominent and cosmetically disfiguring lesions. Lesions healed in 2 weeks with minimal scarring and no pigmentation.

Histological examination of the calcified papules showed the structure to be similar to bone with a lamellar pattern with nucleated osteocytes confirming the diagnosis.

CONCLUSION: It is important to recognize MMOC in patients with chronic inflammatory acne. Very few cases have been reported in literature. It is essential to differentiate them from micro and macrocomedones, as the treatment modality is distinct for osteoma cutis





