



DERMATOPATHOLOGY

## **MULTIPLE BILATERAL PRETIBIAL RED-BROWN PATCHES: THINK ABOUT PATCH GRANULOMA ANNULARE**

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**Background:** Granuloma annulare is a common benign chronic inflammatory disorder classically characterized by dermal papules arranged in an annular pattern. There are multiple clinical subtypes of granuloma annulare. The association of granuloma annulare with diabetes mellitus as in our case is well-documented. Herein we report a case of patch granuloma annulare presenting as multiple pretibial red-brown plaques.

**Observation:** A 24-year-old female patient with a past medical history of diabetes mellitus since the age of 14 years old was referred to our department for multiples asymptomatic pretibial patches. The latter appeared two months earlier without preceding event. She had no accompanying symptoms. On physical examination she had multiple round red-brown patches on her pretibial areas. There was no evidence of papules, scales or induration. Results of laboratory investigations including complete cell blood count, inflammatory markers, LDH were normal. A skin biopsy was performed. Histopathological findings revealed lymphohistiocytic interstitial infiltrate with epithelioid granulomas permeating areas of partial degeneration of the collagen fibers. Mucin was present as well as multinucleated giant cells. Alcian blue staining showed the deposition of increased bluish material between the degenerated collagen fibers. Combination of the clinical and histopathological findings allowed us to confirm the diagnosis of patch granuloma. The patient was treated with topical corticosteroids and oral doxycycline 100mg per day for two months with a favorable outcome.

**Key message:** Patch granuloma annulare is a rare variant of granuloma annulare which appears as asymptomatic erythematous to brownish patches as in our patient, with or without scales. Differential diagnosis may include sarcoidosis, necrobiosis lipoidica, psoriasis, morphea and interstitial granulomatous dermatitis. Hence a skin biopsy is recommended for clinicopathologic correlation when granuloma annulare is suspected.

