



GENETICS AND GENODERMATOSES

TREATMENT OF ACNEIFORM LESIONS OF THE NECK IN PSEUDOXANTHOMA ELASTICUM

M Achraf⁽¹⁾ - S Oumakhir⁽¹⁾ - T Hanafi⁽¹⁾ - N Hjira⁽¹⁾ - M Boui⁽¹⁾

Dermatology Department, Military Hospital Mohammed V - University Mohammed V Of Rabat, Rabat, Morocco⁽¹⁾

Background : Pseudoxanthoma elasticum (PXE) is a rare autosomal recessive disorder characterized by ectopic mineralization of elastic fibers of dermis, retina, and cardiovascular system. Its characteristic cutaneous findings are yellowish papules, predominantly of the flexural areas, which coalesce subsequently, giving rise to “plucked chicken skin” appearance. Acneiform lesions of the neck are a less common manifestation renowned to be resistant to usual anti-acne treatments, even if very few studies were published in this subject.

Observation : A 24-years-old woman, presented with severe acneiform lesions of the neck for more than 6 months, contrasting with the absence of acneiform lesions of the face. The lateral part of the neck, axillae and groin were soft and wrinkled.

A skin biopsy showed swollen and clumped elastic fibers in the middle and deep dermis with mild inflammatory infiltrate. Funduscopy and angiography revealed angioid streaks and peau d'orange changes, allowing us to retain a definitive diagnosis of PXE.

Oral isotretinoin treatment was started. Major improvement was observed in few weeks. Remission was maintained at 2-yearss follow-up visit.

Key message : Yellowish papules which coalesce into plaques of inelastic and leathery skin are almost always the presenting sign revealing the onset of the disorder. However, other skin lesions such as perforating elastosis serpiginosa, reticulated pigmentation and inflammatory acneiform papules are less common features of the disease.

The association PXE-acneiform lesions of the neck is still poorly understood. Classic anti-acneic treatments are reputed to be not effective in these lesions, except for tetracyclines, which can improve granulomatous lesions via its anti-inflammatory action. However, reports of successful treatment are limited to case reports and anecdotal observations.

Given the presence of comedones, we believed that isotretinoin can improve the lesions. Hence, the patient was treated with isotretinoin with significant improvement of cutaneous lesions, in particular inflammatory papules and comedones.

