INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

ANNULAR ELASTOLYTIC GIANT CELL GRANULOMA : GOOD RESPONSE WITH HYDROXYCHLOROQUINE

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Annular elastolytic giant cell granuloma is a disorder of uncertain etiopathogenesis presenting with annular erythematous plaques predominantly on the sun-exposed areas. Hisptopathologically, it is characterized by elastin degenration, multinucleate giant cells, and elastophagocytosis. We present acase not associated with other pathologies and with good result with hydroxychloroquine.

Case Report: A 82-year-old man presented with a slightly pruritic skin eruption evolving for 6 months, respectively. They were not taking any medication. There was no family history of skin disorders. Physical examination revealed symmetric, erythematous papules and plaques, sometimes with annular configuration, with central atrophy and raised erythematous margins on the upper back, forearms, dorsal hands, and lower extremities. There was no mucous membrane or nail involvement. We performed a skin biopsy from the patient. Histopathologic showed granulomatous infiltrates in the dermis consisting primarily of multinucleated giant cells, some of which contained fragments of elastic tissue (elastophagocytosis), and loss of elastic fibers in the center of the lesion . Laboratory tests including complete blood cell count, chemistry panel, antinuclear antibody, urinalysis, and chest x-ray were within normal limits
The patient was treated with low dosis of metprednisona for 3 week and hydroxychloroquine 400 mg/day over a period of 6 months with a good clinical result
Annular elastolytic giant cell granuloma can be associated with other diseases; the case presented was not associated with any illness.
Management of these cases is controversial with variable treatement outcomes to topical measures with corticosteroids, tacrolimus, retinoids, and systemic agents in the form of methotrexate, isotretinoin, clofazimine, corticosteroids, acitretin, and hydroxychloroquine.
Our patients were managed with general sun protective measures ,low dosis of metprednisona for 3 week and hydroxychloroquine 200 mg twice a day over a period of 6 months and complete resolution was seen.