

INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

ELASTOPHYAGOCYTOSIS: TWO RARE BUT INTERESTING CASES FROM INDIA.

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Elastophyagocytosis, the phagocytosis of elastic fibers that can microscopically be seen in the cytoplasm of histiocytes, multinucleated giant cells, or both. These are rare granulomatous and elastolytic skin disease of unknown pathogenesis with variable clinical pictures. The differential diagnosis consists of a large spectrum of skin diseases from histopathological and clinical point of view. These conditions usually occur in middle-aged fair-skinned or freckled face females with both exposed & covered areas. Here we presenting ,two cases AEGCG(annular elastolytic giant cell granuloma)and MED(mid dermal elatolysis) from brown indian skin. Both are similar in clinically with fine wrinking ,microscopic picture of elastorhexis and difficult in treatment. Both donot have any internal disease nor drug intake.

A 20-year-female presented with asymptomatic, diffuse multiple, ring-shaped skin lesions on her face and upper limbs, back and lower leg of 8-10 years duration mimicking leprosy. There was no history of itching, burning, tingling or decreased sensation. There was diffuse and multiple annular, serpiginous, aciform like plaques of diverse sizes with elevated serpiginousborder. But center portion showed hypopigmentation, mild atrophy but no scaling with presence of hairs. Biopsy from both edge of face plaque showed histocytes and giant cells with palasiding granuloma in reticular dermis showing elastophyagocytosis &elastolysis. We made diagnosis of AEGCG after elastic stain.

In MED changes are exclusively confined to skin, with no systemic involvement, it is psychologically bothersome and can be of great cosmetic concern. This 56-year-old male has generalized skin tightening and dry skin due to fine wrinkling since few years without any metabolic disease and malignancy. This rare clinical picture presented a diagnostic and then therapeutic challenge. On H &E and then elastic VVG stain confirmed mid-dermis loss due to fragmentation of elastic fibers. On dermoscopy, showed typical crepe –paper appearance noted.





