



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

GIANT CELL LICHENOID DERMATITIS: A VERY RARE ENTITY

Burçin Cansu Bozca (1) - Betül Unal (2) - Erkan Alpsoy (1)

Akdeniz University School Of Medicine, Dermatology And Venerology Department, Antalya, Turkey⁽¹⁾ - Akdeniz University School Of Medicine, Pathology Department, Antalya, Turkey⁽²⁾

Background: Giant cell lichenoid dermatitis (GCLD) is a rare lichenoid reaction pattern with typical histopathological features. Clinically it is characterized by itchy erythematous and violaceous macules, papules, plaques or nodules with or without scaling. In most of the reported cases, lesions develop after drug use. Because of its rarity in dermatological literatüre, we report here a typical case of GCLD following the use of a beta-blocker drug.

Observation: A 65-year-old woman was admitted to our clinic with a complaint of red and raised lesions started from the upper chest 2 years ago and spreading to the neck over time. The patient had no complaints of the lesions. There was no history of any disease except hypertension and she was using metoprolol regularly for a long time. Routine laboratory tests were within normal limits. Dermatologic examination revealed numerous discrete, 2-5 mm sized, flat-topped, moderately hard with palpation, erythematous papules without any scale located on the upper half of the trunk, neck, and back of the neck. Histopathologic examination showed hyperkeratotic stratum corneum, spongiosis, exocytosis, basal vacuolar degeneration, apoptotic keratinocytes, multinucleated giant cells around the vessels in the dermis and hair follicle, mononuclear cell infiltration including neutrophils and erythrocyte extravasation. The patient was diagnosed with GLCD with the clinical and histopathological findings. The patient was advised to change metoprolol, a potentially responsible agent, and follow-up without treatment.

Key Message: To the best of our knowledge, GLCD has not been reported with the use of a beta-blocker drug. In addition, lesions seen in the present case were not diffuse as in previous cases. They were limited to the upper chest, neck, and back of the neck. GLCD should be kept in mind in the differential diagnosis of limited lichenoid dermatoses.





