GENETICS AND GENODERMATOSES

GALLI-GALLI DISEASE: CASE REPORT

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Background: Galli-Galli disease is a rare variant of the genodermatosis Dowling-Degos disease (DDD) with the histologic finding of acantholysis. Galli-Galli disease is characterized by reticulated hyperpigmentation along with pruritic, erythematous and dark, scaly papules predominantly affecting the flexures, neck and proximal extremities. Typical histopathologic examination is characterized by digitate downward proliferation of rete ridges with hyperpigmentation as typical for DDD in conjunction with acantholysis and formation of suprabasal lacunae suggestive for an acantholytic dermatosis.

Observation: A 31-year-old female patient complaining of lesions in the armpits, groin and cervical and inframammary regions for about 6 years. Father and sister had the same lesions.
Skin examination revealed dark-brown hyperkeratotic follicular papules in the armpits, groin and cervical and inframammary regions.
Histologic examination revealed hyperceratosis, digitated downgrowth of rete ridges with basilar hyperpigmentation, as well as focal areas of acantholysis. In addition, follicle with dilated ostium and hyperkeratosis was seen. The final diagnosis was Galli-Galli disease.

Key message: Diagnosis is possible by means of a characteristic clinical picture associated with a compatible histopathology. Treatment is frustrating showing little response. Galli-Galli disease must be distinguished from acanthosis nigricans, adenoid seborrheic keratosis, senile lentigo, and other hereditary pigmented anomalies. It is important to carry out differential diagnosis with these pathologies in order to avoid unnecessary therapies.