

August 17, 2001

Case 4

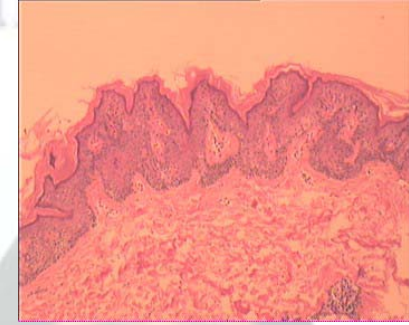
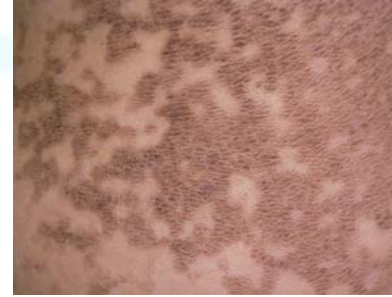
A 18 year-old man from Bangkok

Present illness At the age of sixteen he developed asymptomatic dark-brown papules and reticulated plaques located on his upper back and chest with subsequent spread to the shoulders, sides of neck and abdomen. His grandmother tried to use Scott's Brite™ to scrub the lesions off but the lesions were not improved.

Past history He had developmental delay and was diagnosed as Down's syndrome later. He had an accident that caused losing vision on his right eye 5 years ago

Family history He is the first child and has a normal younger brother. No other member in his family has the same skin problem like him.

Physical examination An obese young man with some degree of mental retardation. Asymptomatic flat brown confluent papules and plaques located on lower back, abdomen, chest and shoulders, the periphery of lesions forming a brownish reticulated pattern.



Histopathology slide no. S-00-16049

- Slight epidermal hyperplasia with papillomatosis projection
- Hyperkeratosis
- Abundant melanin in the epidermis

Diagnosis Confluent and reticulate papillomatosis of Gougerot and Cateaud.

Treatment He was treated with topical 10% urea cream with some slight improvement.

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Consultant : Siripen Puavilai

Discussion

Confluent and reticulate papillomatosis of Gougerot and Cateaud syndrome (CRP) is a rare cutaneous disorder, first described by Gougerot and Cateaud. The character of this syndrome usually asymptomatic, dark papules and plaques centrally located on the back, intermammary and epigastric areas. The eruption spread out into a fading reticulated pattern. Whence they gradually extend over the breast and sometime reaching the shoulders and the sides of the neck. After spreading slowly for a few years, the lesions remain permanently unchanged and asymptomatic. This syndrome has been regarded both as a genetically determined defect of

keratinization and as an abnormality in the response to colonization by *Pityrosporum orbiculare* or follicular bacteria. Most cases are sporadic. Histology show hyperkeratosis and papillomatosis without acanthosis. The lesion should be scraped to identified *Malassezia* yeast and should be treated as pityriasis vesicolor if the yeast is demonstrated. It may be complete recovery, but the response to topical and systemic imidazoles is very variable. Minocyclin 100-200 mg/day may prove successful as many systemic etretinate or isotretinoin or topical 0.1% tretinoin and calcipotriol treatment.

References

1. Response of confluent and reticulate papillomatosis of Gougerot and Carteaud to topical tretinoin. *Cutis*. 2000 Oct;66(4):291-3.
2. Confluent and reticulate papillomatosis: successful treatment with minocycline. *Arch Dermatol*. 1996 Nov;132(11):1400-1.
3. Confluent and reticulate papillomatosis (Gougerot-Carteaud) and *pityrosporum orbiculare*. *Br J Dermatol*. 1969 Nov;81(11):841-5.