

## Case 4

A 20-year-old Thai man, from Bangkok

**Chief complaint:** Asymptomatic papular facial eruptions for 2 months

**Present illness:** 2 months ago, he had asymptomatic red papules on both cheeks and within a month, similar papules appeared on his forehead, periorbital regions, both ear pinnae and scalp.

**Past History:** He is healthy. He had no personal history of tuberculosis or any other disease.

**Family History:** No one in his family has the same skin lesions.

No history of tuberculosis in his family's member

### Physical examination

Systemic revealed normal finding.

**Skin:** Numerous brown-red papules and nodules, varying in size between 3-6 mm., were distributed bilaterally on both cheeks, foreheads, periorbital regions, both ear pinnae and scalp. (fig. 4.1 and 4.2). No comedone and pustules were found. Diascopy test showed apple jelly appearance



Fig. 4.1



Fig. 4.2

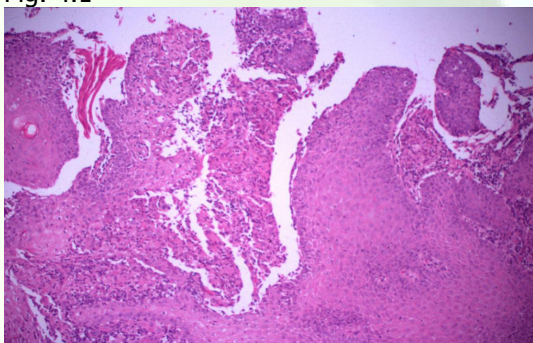


Fig. 4.3

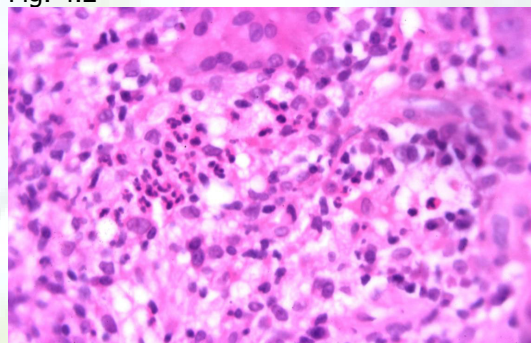


Fig. 4.4

Lab : Ziehl-Nelsen stain from skin biopsy : negative for acid fast bacilli

Cultures from skin lesions : negative for *M. tuberculosis*, atypical mycobacterium

Skin lesion analysed by polymerase chain reaction

: negative for *M. tuberculosis* DNA

Montoux test : negative

chest x-ray : normal

**Histopathology:** (s01-15577)

A biopsy specimen, taken from a lesion on cheek, revealed tuberculoid and suppurative granulomas formation in the superficial dermis. (fig. 4.3,4.4)

Pseudocarcinomatous epidermal hyperplasia, dense diffuse mixed inflammatory cell infiltrate involving at least superficial dermis and composed of neutrophils, histiocytes and lymphocytes.

**Diagnosis:** Lupus miliaris disseminatus faciei.

**Treatment:** Doxycycline 100 mg. twice daily

**Course:** The lesions healed with atrophic scars within 1 month after treatment without new lesion.

**Presenter:** Wisuttida Taechotirote

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### Discussion

Lupus miliaris disseminatus faciei ( LMDF ) , also termed acne agminata is an asymptomatic papular eruption affecting the central area of the face and showing a characteristic tendency to involve the periorbital area. The eruption runs a chronic course and usually involutes spontaneously within several months to years often leaving small pitted scar.

The histopathological hallmark of the disease is an epithelioid granuloma with central necrosis. The etiology and pathogenesis of this condition are still unknown. The treatment is difficult and has not been satisfactory despite the use of various drugs such as antituberculous drugs, antimalarial drugs , tetracycline group , metronidazole , isotretinoin or steroid, have been reported to be effective in some case .

In this patient, we present the severe clinical form of LMDF that widespread from central area of face to both pinnae and scalp area but dramatically improved by oral doxycycline in 1 month.

### Reference

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