

Images in clinical medicine



Granuloma Annulare

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Granuloma Annulare

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Image in medicine

A 49-year-old woman with hypertension was referred to the dermatology clinic with a 2-year history of an asymptomatic annular rash. Prior to referral, she received unsuccessful empiric treatment with topical antifungal cream. On examination, pink papules coalescing to form annular plaques were noted. There was no evidence of scaling or other surface changes. The rash was symmetrically distributed, involving the dorsum of her hands (A), anterior and posterior forearms (B), and upper back. The rest of the systemic examination was unremarkable, including the absence of features of autoimmune connective tissue disease. The random blood glucose measurement was normal. A treponemal antibody

test was negative. A 4 mm punch biopsy showed interstitial granulomatous dermatitis. Alcian Blue Periodic Acid-Schiff staining showed increased mucin in the dermis. The patient was prescribed clobetasol propionate 0.05% ointment under occlusion, and cryotherapy was performed on the dorsum of her hands. At her three-month review, she reported significant improvement. Granuloma Annulare (GA) is a non-infective granulomatous skin condition that classically presents with skin-colored to erythematous papules or plaques arranged in an annular pattern. As in the above

case, GA is often misdiagnosed as a dermatophyte infection, given that the latter is more common and also presents with annular plaques. This short case serves to remind clinicians to include GA in the differential diagnosis of both annular and granulomatous skin rashes. This case also adds to the repository of images of GA in more pigmented skin phototypes, which were previously under-represented in the literature.



Figure 1: pink papules coalescing to form annular plaques were noted with no evidence of scaling or other surface change; the rash was symmetrically distributed, involving the dorsum of her hands (A), anterior and posterior forearms (B)