

Dermscopy of Acne Agminata in Fair and Dark Skin

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Case Presentations

We present the cases of two females typified by phototypes II (case 1) and IV (case 2), respectively. Both had a history of discrete papules on the central face, persisting for several months. Physical examination of the dark-skinned patient exhibited red-to-brown papules located on the nose and cheeks, while the fair-skinned patient displayed erythematous papules primarily on the nasolabial folds and periorbital area (Figure 1, A and C).

Dermscopically, both cases displayed follicular white plugs surrounded by either orange (fair-skinned patient) or yellow-orange (dark-skinned patient) structureless areas (Figure 1, B and D). Histopathological evaluation revealed follicular hyperkeratosis and dermal granulomas localized around the pilosebaceous units in both cases (Figure 1E) consistent with the clinical suspicion of acne agminata.

Teaching Point

Acne agminata, also known as lupus miliaris disseminatus faciei, is an uncommon granulomatous condition of unclear etiology thought to result from an inflammatory response to damaged hair follicles [1]. Its histological hallmark is the presence of epithelioid granulomas affecting the pilosebaceous units, with or without caseous necrosis [1].

Information about dermscopy of acne agminata comes from observations made in fair skin, and typical findings include follicular plugs surrounded by orange or yellow-orange areas, corresponding to follicular hyperkeratosis and perifollicular dermal granulomas, respectively [2]. Despite a difference in terms of shade of the granulomatous structures (orange in fair skin vs yellow-orange in dark skin), due to the diverse background color, our cases underline that the dermscopic pattern of acne agminata is similar, regardless of skin phototype.

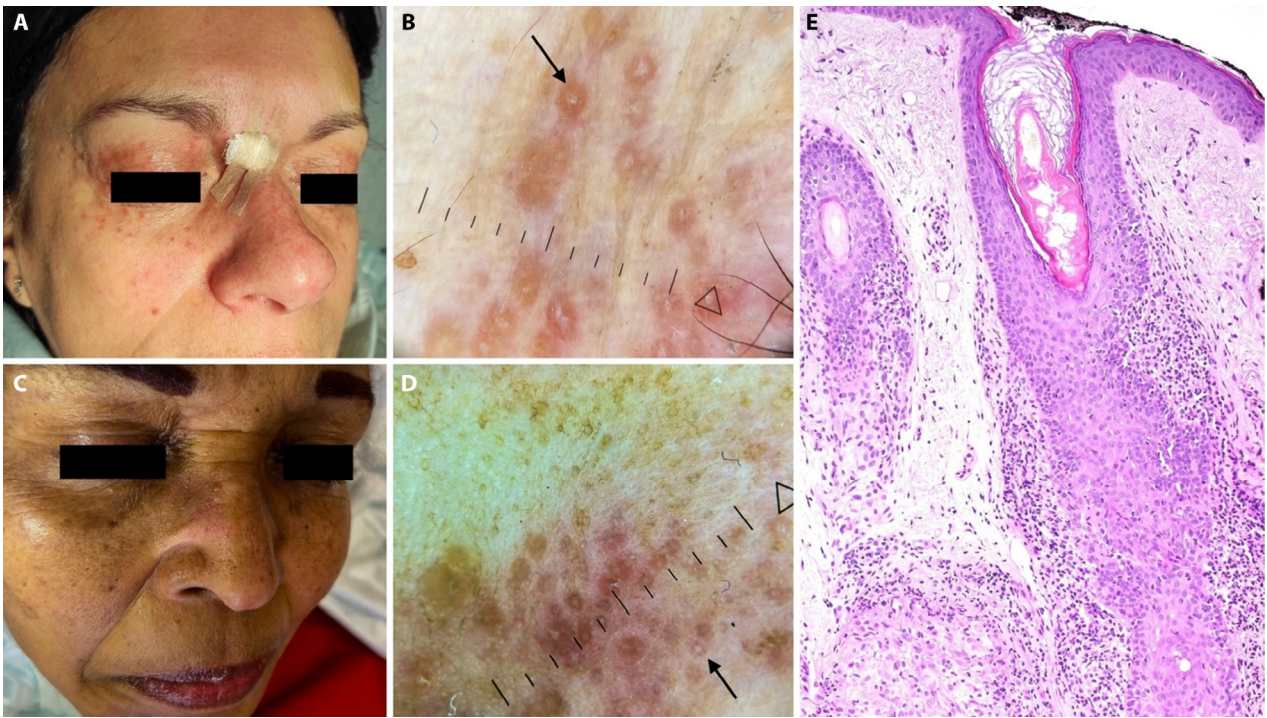


Figure 1. (A) Clinical examination of the fair-skinned patient displays erythematous papules on the nasolabial folds and periorbital area; (C) the dark-skinned patient exhibits red-to-brown papules on the nose and cheeks. (B) Dermoscopic examination reveals follicular white plugs surrounded by orange structureless areas (arrow) in the fair-skinned patient and (D) yellow-orange structureless areas (arrow) in the dark-skinned patient. (E) Histopathological analysis demonstrates dermal granulomas localized around the pilosebaceous units and follicular hyperkeratosis.

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