Dermatology Practical & Conceptual

Subcutaneous Granuloma Annulare in an Atypical Age Group in Immediate Post-Covid-19 Phase

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Citation: Beqo BP, Haxhija EQ. Subcutaneous Granuloma Annulare in an Atypical Age Group in Immediate Post-Covid-19 Phase. *Dermatol Pract Concept*. 2023;13(2):e2023172. DOI: https://doi.org/10.5826/dpc.1302a172

Accepted: March 20, 2023; **Published:** April 2023

Funding: None.

Competing Interests: None.

Authorship: All authors have contributed significantly to this publication.

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Dear Editor,

We are writing in response to the article "Subcutaneous Granuloma Annulare in an Atypical Age Group in Immediate Post-Covid-19 Phase" (DOI: https://doi.org/10.5826/dpc.1204a156) that was recently published in your esteemed journal [1]. As the topic of subcutaneous granuloma annulare (SGA) is of particular interest to us, we would like to offer our comments regarding the case presented in the article.

Upon review of the clinical and histopathological features described, we respectfully suggest that the case presented in the article appears to be more compatible with the diagnosis of generalized granuloma annulare (GGA), rather than SGA.

GGA is characterized by the presence of 10 or more skin plaques with a circular appearance "affecting at least the trunk and either upper or lower, or both extremities" [2], with smaller or larger subdermal extensions of the granulomas beneath these skin lesions, sometimes seen in a patchy pattern [3]. GGA is more common in adults. Although its etiology is still unknown, various triggering mechanisms, including infectious diseases, have been reported [4], which could have been the case in the report presented by Kaur et al.

In contrast, SGA is almost exclusively seen in children and presents as immobile, solid, non-tender, non-inflammatory subcutaneous lumps that often appear as single or multiple lesions with rare overlying cutaneous abnormalities. These lumps are asymptomatic and attached to the deep fascia with a clear epifascial extension, and they spontaneously regress without any treatment over a period of 1-2 years [5]. The histopathologic images presented in the report by Kaur et al do not appear to reveal typical SGA histopathology as it is classically seen in children but rather suggest GGA with a patchy pattern of small granulomatous islands.

Our recent research has shown that SGA can be recognized by the epifascial cap shape of the subcutaneous lesions on ultrasound and MR imaging, which can aid in the accurate diagnosis of SGA [5]. This new imaging sign may help avoid unnecessary examinations and specialist consultations for children with SGA and enable accurate diagnosis through imaging alone (Figure 1).

Finally, it is worth noting that SGA lumps typically self-resolve in up to 2 years, while lesions described by Kaur

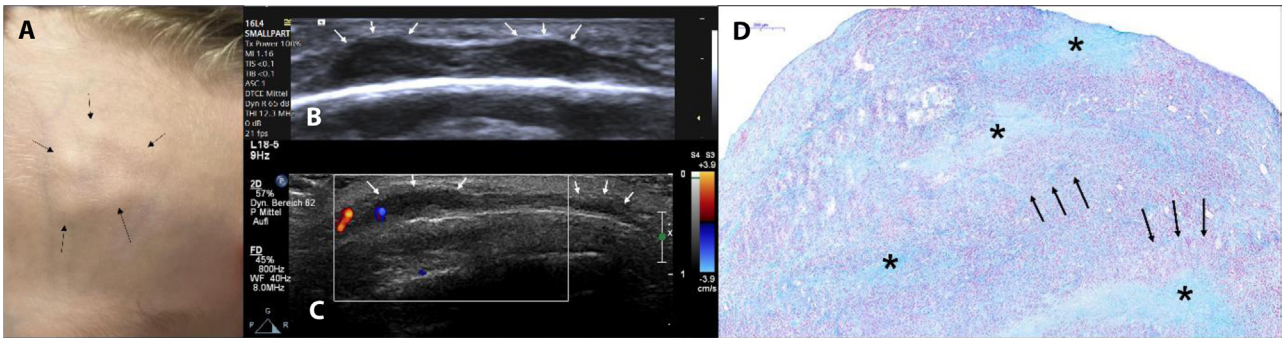

Figure 1. This composite figure shows a clinical picture of the frontal location of multiple subcutaneous granuloma annulare (SGA) lumps (A). Note the epifascial cap sign in the ultrasound image of two SGA lesions marked with multiple white arrows (B), and in another ultrasound image showing mild peripheral hypervascularization (C). The histopathology of the SGA lesions is characterized by pathognomonic mucin positive staining of necrobiotic collagen (stars) which is surrounded by inflammatory histiocytes and lymphocytes, ordered in palisades (black arrows).

et al disappeared within 15 days after intralesional injection of triamcinolone acetonide (10 mg/ml), as commonly observed in patients with localized or generalized variants of granuloma annulare.

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