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LETTERS TO THE EDITOR

Granuloma Faciale Mimicking Rhinophyma: Response to Clofazimine

Sir,

Granuloma faciale (GF) is a rare, but distinct inflammatory dermatosis of unknown origin diagnosed on a combination of clinical and histopathological findings. The clinical presentation may be very variable and can simulate a great variety of dermatosis. The treatment is not well established and in many cases may be unsatisfying and frustrating. We report here a case of disabling and disfiguring GF mimicking rhinophyma that was treated with clofazimine with good therapeutic response.

CASE REPORT

A 72-year-old man had a persistent, asymptomatic plaque on his nose, which had developed over a 10-year period. On examination he showed a well-demarcated, red-brown, indurated plaque, 3–5 cm in diameter on his nose, with many papules on the surface (Fig. 1). Two skin biopsies were taken from the border of the plaque and from a papular lesion. Both biopsy specimens showed a polymorphous infiltrate located in the dermis and separated from the epidermis by a narrow grenz zone. The infiltrate consisted of lymphocytes, histiocytes and numerous eosinophils. Neutrophils around vessels and leukocytoclasis were present. We started treatment with clofazimine 300 mg daily for 5 months. The clinical response was remarkable after 4 months and no relapse had occurred after 18 months.

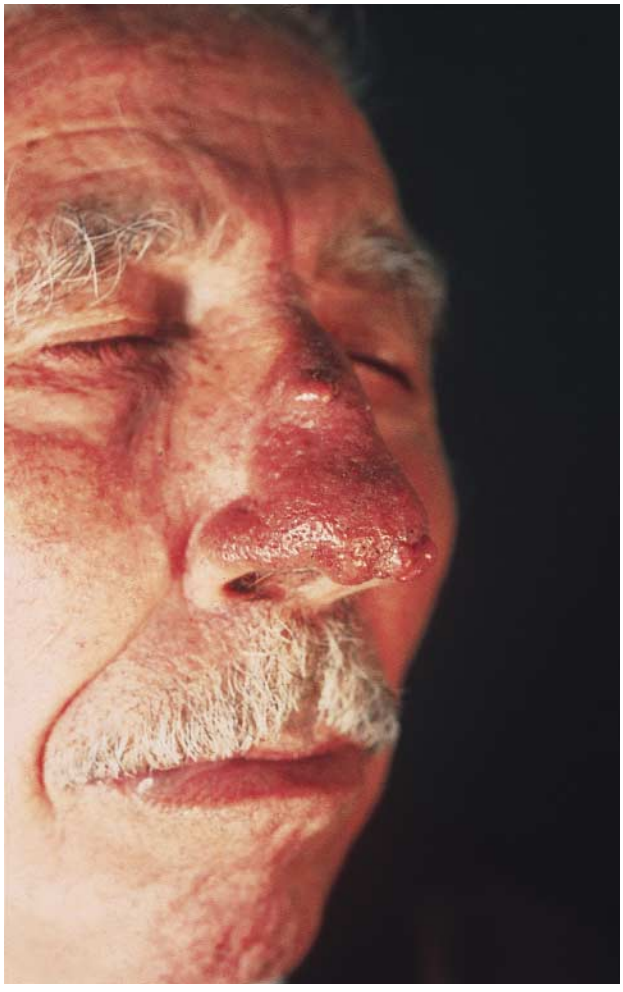

Fig. 1. Brownish plaque with many papules on its surface.

DISCUSSION

Clinically GF must be differentiated from a wide variety of others diseases: erythema elevatum diutinum, lupus erythematosus, fixed drug eruption, leukemic infiltrate, sarcoidosis, benign and malignant lymphoid proliferations, infections such as tuberculosis, leprosy or tinea. The distinctive red-brown colour of lesions may be a helpful diagnostic clue. However, the final diagnosis is usually easy to make and is made by biopsy of the skin because histological changes are, as in this case, usually distinctive. A new differential diagnosis may be rhinophyma-like lesions. In fact, there is a recent similar report and this rare clinical presentation must not be ignored (1). Because of its facial location patients usually reclaim treatment. Several medical and surgical methods have been used to treat GF with variable results, however, in many occasions the treatment is frustrating. Our patient has obtained a good response with clofazimine with good clinical tolerance and the only side-effect has been slight hyperpigmentation. Clofazimine is a drug with anti-inflammatory effects and anti-proliferative activity for lymphocytes and carcinoma cells (2). To our knowledge there are at least 2 reports of GF treated with clofazimine (3, 4), which maybe an alternative to other treatments in certain cases.

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