

## **Granuloma faciale**

### **What is granuloma faciale?**

Granuloma faciale is a rare benign skin condition, characterised by single or multiple erythematous (red) papules, plaques or nodules. This condition is more common in males and, as the name suggests, most frequently affects facial areas.

### **What causes granuloma faciale?**

The exact cause of granuloma faciale is unknown. It is not inherited.

The production of substances known as “interleukin” may attract inflammatory cells to the lesions. Sun exposure and UV radiation may play a role in the development of granuloma faciale – it occurs more commonly in sun-exposed areas and lesions darken with UV exposure.

Granuloma faciale rarely occurs in childhood. The peak incidence is in middle age.

### **What does granuloma faciale look like?**

This rare condition has an insidious onset. It presents as solitary or multiple papules, plaques or nodules on the face. These vary in size from a few millimetres to coalescing plaques several centimetres in size and from red-brown to a purplish hue. Close examination of the lesions may reveal prominent hair follicle openings and overlying dilated blood vessels (telangiectasias).

The condition does not usually produce any symptoms. However, some cases may be painful or itchy.

In rare cases, the neck, upper back and chest, as well as areas of high UV exposure, are affected.

### **What other problems can occur with granuloma faciale?**

Granuloma faciale is not associated with an underlying medical condition.

### **How is granuloma faciale diagnosed?**

A biopsy is often needed to confirm the diagnosis as other conditions may mimic granuloma faciale. The biopsy will distinguish it from other underlying causes such as:

- fixed drug reactions
- sarcoidosis
- lymphomas and pseudolymphomas
- insect bite reactions
- Jessner’s lymphocytic infiltration
- tumid lupus
- follicular mucinosis
- amyloidosis.

### **How is granuloma faciale treated?**

Granuloma faciale is a chronic condition and rarely improves without treatment.

Treatment options include:

#### ***Topical treatments***

- Topical corticosteroids may be used intermittently under medical supervision. Extreme caution must be taken and your doctor will need to monitor for potential side effects.
- Topical tacrolimus 0.1% can be used alone or alternating with topical corticosteroids.

#### ***Intralesional corticosteroids injections***

Corticosteroids may be injected into affected areas. However, thinning of the skin (atrophy) is a risk of this treatment.

#### ***Oral medication***

Oral medications have shown variable success and often need to be taken over a prolonged period. Dapsone is the most promising but must only be taken under specialist supervision. Hydroxychloroquine and clofazimine may also be considered.

#### ***Vascular laser***

Pulse dye laser (595 nm) targets the blood vessels of granuloma faciale. Scarring from laser treatment is very rare. However, several treatments are required for best results.

#### ***Radiotherapy***

Radiotherapy has been reported for treatment-resistant cases of granuloma faciale.

#### ***Surgery***

Surgery may be considered for isolated small nodules that are resistant to other forms of treatment.

#### **What is the likely outcome of granuloma faciale?**

The likely outcome of granuloma faciale is extremely variable and difficult to predict. Flare-ups and recurrences are common. If the condition recurs, it is practical to treat the affected areas again. For ongoing management, referral to a specialist should be considered.