Dermatology Case Reports

Saadia et al., Dermatol Case Rep 2019, 4:2

Case Report Open Access

Lupus Miliaris Disseminatus Faciei-A Case Report and Review of the Literature

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Received date: March 29, 2019; **Accepted date:** April 12, 2019; **Published date:** April 19, 2019

Abstract

Lupus Miliaris Disseminatus Faciei (LMDF) is a controversial and enigmatic entity. Facial granulomatous disorders include rosacea and perioral dermatitis which commonly overlap. LMDF is also a facial granulomatous disorder but is quite distinct from rosacea and perioral dermatitis. We report a case of LMDF, describe the clinical form and review the literature.

LMDF has unique and exclusive morphologic features. The diagnosis of LMDF may be difficult. This case is presented as a reminder for early diagnosis and appropriate systemic treatment.

We present a case of a 21-year-old man with facial and extra-facial lesions of LMDF.

LMDF is a rare chronic granulomatous eruption which usually involves the face. Early diagnosis and systemic treatment are essential to avoid scarring.

Keywords: Lupus miliaris disseminatus faciei; Asymptomatic rash; Facial granulomatous; Rosacea

Introduction

Lupus Miliaris Disseminatus Faciei (LMDF) is a controversial and enigmatic entity. Facial granulomatous disorders include rosacea and perioral dermatitis which commonly overlap. LMDF is also a facial granulomatous disorder but is quite distinct from rosacea and perioral dermatitis. We report a case of LMDF, describe the clinical form and review the literature.

LMDF has unique and exclusive morphologic features. The diagnosis of LMDF may be difficult. This case is presented as a reminder for early diagnosis and appropriate systemic treatment.

Report

A 21-year-old male presented with a three months history of an asymptomatic rash over his face and neck. He had no fever or other systemic symptoms. He had been treated by his physician with oral Cephalexin followed by oral Minocycline for one week with no improvement. Physical examination revealed multiple reddish-brown papules and nodules ranging in size from 2 mm to 5 mm, involving the face (mainly the malar region), lower eyelids, eyebrows, chin and neck with symmetric distribution (Figure 1). The lesions were larger and more coalescent on the neck. Diascopy revealed apple-jelly appearance.

Laboratory results showed: A normal blood count. Venereal Disease Research Laboratory (VDRL) and Human Immunodeficiency Virus (HIV) tests were negative.

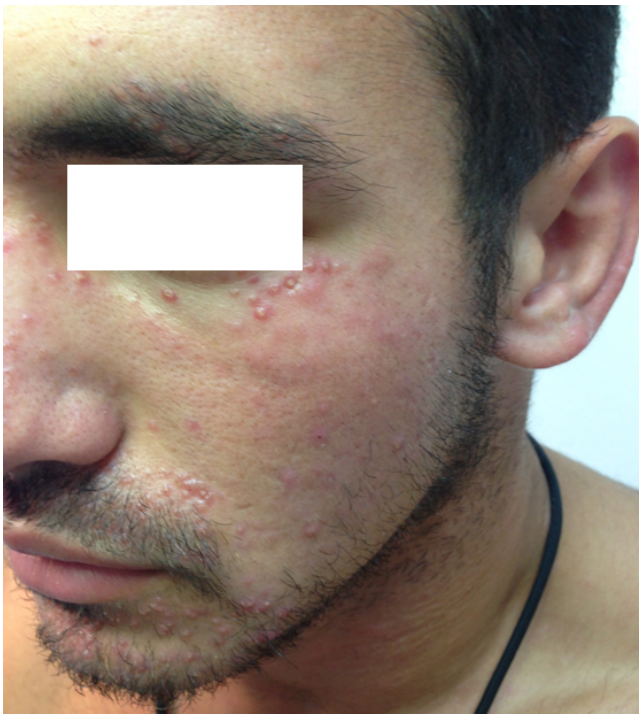

Figure 1: Symmetric papules on the face.

A punch biopsy showed necrotizing granulomas with mixed cell infiltrate in the upper and deep dermis and involving the hair follicles (Figure 2). PAS stain was negative for fungi and the acid-fast stain was negative for mycobacteria.

A diagnosis of LMDF was made depending on the above clinical and histological features.

Treatment with oral Doxycycline 100 mg/day was started for three months.

After three months of treatment, a marked improvement was observed with residual flat papules. We decided to continue treatment with Doxycycline for an additional three months. No relapse was observed.

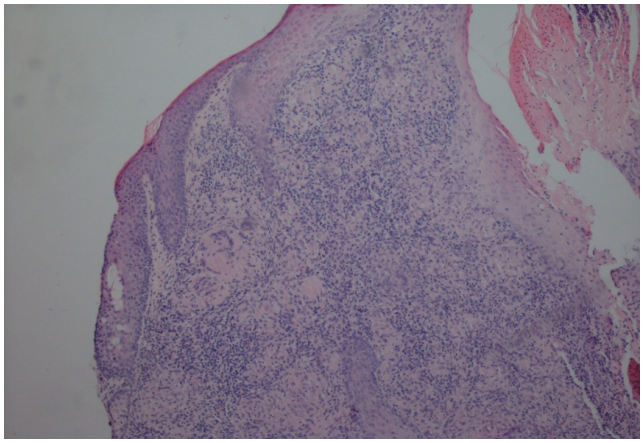

Figure 2: Necrotizing granulomas with mixed cell infiltrate in the upper and deep dermis.

Discussion

Lupus Miliaris Disseminatus Faciei is a chronic granulomatous disorder characterized by multiple reddish-brown papules and nodules predominantly located on the face [1]. Historically, it was considered to be a tuberculid-a granulomatous immune reaction to either a focus of tuberculosis infection or to TB antigens [2]. Several studies failed to confirm a possible association with TB and currently, it is considered to be a variant of rosacea, although its pathogenesis is still unclear [3].

The clinical features of LMDF include multiple, smooth, 1-3 mm diameter, red-brown or yellowish and dome-shaped papules [1,2]. The rash typically distributes symmetrically in the mid-face and could, infrequently extend to the neck. It could affect the eyebrows and eyelids [4]. In rare cases, lesions have been reported to involve the axillae, arms, hands, legs, and groin [5]. The disorder is more common in young adults of both genders, making it quite distinct from rosacea that is more common in middle-aged women [1].

The typical histopathological findings are characteristic since they include an aggregation of inflammatory infiltrates and occasional multinucleated giant cells, which surround an area of caseous necrosis [6]. However, this feature is not consistently seen. Efficient treatments to variable degrees include dapsone, tetracyclines, isotretinoin, clofazimine, isoniazid, and oral corticosteroids. Psoralen with Ultraviolet Therapy (PUVA), topical erythromycin and topical metronidazole have also shown good results [1]. Without treatment, self-involution with scarring is expected but may take several years [6].

Conclusion

Lupus Miliaris Disseminatus Faciei (LMDF) is a chronic granulomatous disorder predominantly affecting the face. Early diagnosis and treatments are essential to shorten the course of the disease and reduce scarring. Several effective treatment modalities are available. In our case, successful treatment with Doxycycline has been achieved.

We present a case of a young, otherwise healthy, man, who developed LMDF within several weeks with no apparent trigger. He improved significantly with oral doxycycline. LMDF should be considered when a symmetric papular facial rash is present. Histology is unique but not present in all cases. Several effective treatment modalities are available and usually induce remission.

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