

An Unusual Location of Nodular Elastosis with Cysts and Comedones (Favre–Racouchot's Disease)

Sir,

In 1951, Favre & Racouchot described a disease characterized by nodular elastosis with cysts and comedones (1). The disease is localized on the lateral canthi of the eyes, temples, cheeks, nucha, retro-auricular regions and, more rarely, on the chin and nose. The skin is wrinkled and intensely dark over the lesions. The disease develops gradually in elderly males and is frequently associated with cutis rhomboidalis nuchae and disorders due to sun exposure.

CASE REPORT

An 80-year-old male patient (phototype IV) presented with many rounded, well-defined, yellowish, hard, papulonodular lesions, both separated and coalescing in plaques, about 7 cm in diameter, localized on the left scapular girdle (Fig. 1). Some large comedones were also present, but no greasy substance emerged upon squeezing. The skin over the lesions was thin and wrinkled. The first asymptomatic lesions had appeared approximately 30 years earlier and had not been preceded by inflammatory events. The patient also presented with a

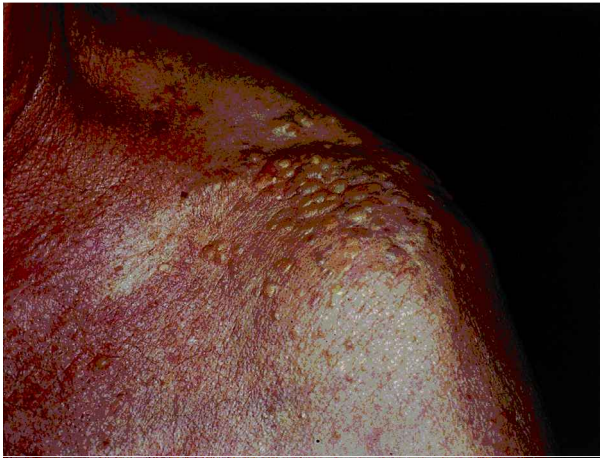


Fig. 1. Rounded, yellowish papulonodular lesions on the left scapular girdle.

remarkable cutis rhomboidalis nuchae, deep wrinkles and multiple actinic lentigo on the face and the dorsal surface of the hands. A large café au lait spot was detectable on the left abdomen. He was in good general condition: all blood and urine tests were within normal limits and X-rays of the left scapular girdle were normal. The lesions did not impede movements of the left arm. Histologic examination of a biopsy specimen of a papulonodular lesion showed no alterations of the epidermis, but a well-defined pluristratified epithelium cyst in the mid-dermis and remarkable dermal elastosis. On this basis, Favre–Racouchot's disease, over an atypical area, was diagnosed.

DISCUSSION

Our patient had worked for many years as a bricklayer, carrying weights on his left shoulder only. The association of prolonged sun exposure and repeated pressure on the left scapular girdle might have caused degenerative alterations of the dermis, unilaterally, over an unusual area with a flat appearance of the lesions; in contrast the classical form of Favre–Racouchot's disease is characterized by a prominent lesional aspect.

To our knowledge, only one case of Favre–Racouchot's disease has previously been reported over an atypical area (2). We consider the present case to be the second such observation in the literature.

REFERENCES

1. Favre M, Racouchot J. L'élastéidose cutanée nodulaire à kystes et à comédons. *Ann Dermatol Syph* 1951; 78: 681–702.
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