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A Case of Confluent and Reticulate Papillomatosis (Gougerot-Carteaud) with an Unusual Location

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Broberg A, Faergemann J. A case of confluent and reticulate papillomatosis (Gougerot-Carteaud) with an unusual location. *Acta Derm Venereol (Stockh)* 1988; 68: 158-160.

A 15-year-old female with a brown hyperkeratotic plaque in the pubic region confirming with the diagnosis of confluent and reticulate papillomatosis (CRP) is presented. The lesion disappeared rapidly after 3 weeks of treatment with 50% propylene glycol in water. The etiological role of *Pityrosporum orbiculare* in CRP is discussed. *Key words: Pityrosporum orbiculare; Propylene glycol.* (Received July 9, 1987.)

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Confluent and reticulate papillomatosis (CRP) was first described by Gougerot & Carteaud in 1927 (1). It consists of grayish-brown pigmented papules that later coalesce, most often localized in the intermammary and interscapular regions, neck and abdomen. It usually starts shortly after puberty, primarily in females. The lipophilic yeast *Pityrosporum orbiculare*, the course of pityriasis versicolor has been associated with CRP (2, 3). The etiology remains unclear but many observations are in favour of the role of *P. orbiculare* in CRP (4). Several investigations now indicate that *P. orbiculare* and *P. ovale* are round and oval variations of the same lipophilic yeast (2, 4).

CASE REPORT

A 15-year-old girl was admitted to the Department because of a brown hyperkeratosis in the pubic region (Fig. 1). She had had the lesion for one year. It consisted of a brown reticulated and



Fig. 1. A brown firm hyperkeratotic lesion in the pubic region.

hyperkeratotic firm plaque in the pubic region. The lesion showed a yellow fluorescence in Wood's light. Microscopy (Scotch tape stained with methylen blue) revealed clusters of oval budding cells identical with *P. orbicularis* (*P. ovale*). No biopsy was taken as the clinical picture in connection with the presence microscopically of yeast cells was typical for CRP.

Skin scrapings for culture were taken with a curette onto a glucose-neopeptone yeast extract medium with addition of glycerol monostearate (2.5 g/l), Tween 80 (2 ml/l) and olive oil (20 ml/l) (2). Culture showed abundant growth of *P. orbicularis* (*P. ovale*) (Figs. 3, 4). The patient was treated with propylene glycol 50% in water applied twice daily for 3 weeks. At the follow-up 4 weeks later the lesion had healed (Fig. 2).



Fig. 2. The healed lesion after 3 weeks of treatment.

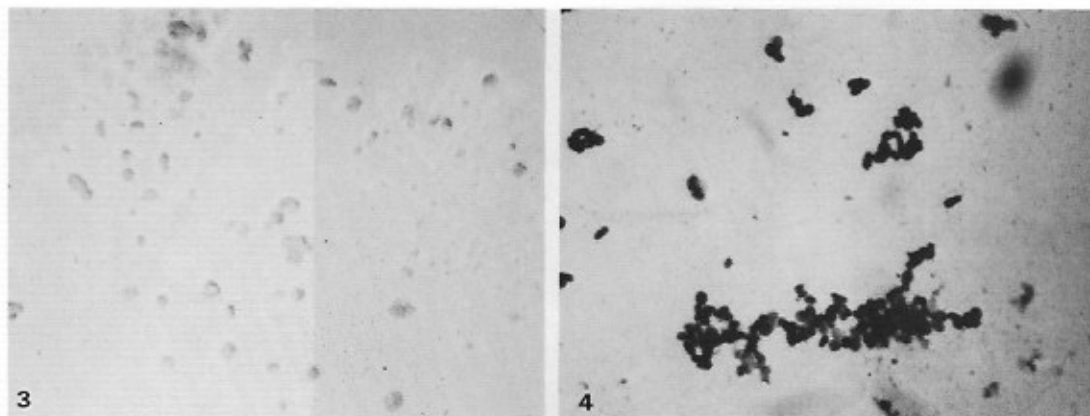


Fig. 3. A 4-day-old culture showing growth of *Pityrosporum orbiculare* surrounding skin flakes.

Fig. 4. The microscopic picture of the cultured *Pityrosporum orbiculare* (*P. ovale*) showing oval budding cells.

DISCUSSION

Confluent and reticulate papillomatosis (CRP) is a rare disease that occurs predominantly in females, although 6 of 7 cases reported by Thomsen were male (5). Typically, onset occurs shortly after puberty (3). The etiology is obscure, but several investigators have suggested an abnormal host reaction to *P. orbiculare* (6). Many patients have been treated successfully with antifungal agents (3, 6, 7). CRP is usually localized to seborrheic areas on the trunk.

In this case, lesions were only seen in the pubic area. The clinical picture in connection with fluorescence in Wood's light, the presence of *P. orbiculare* microscopically and the abundant growth of *P. orbiculare* in culture confirmed the diagnosis of CRP. The good effect of an antifungal agent also favours an etiologic role of *P. orbiculare* in this disease.

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