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TREATMENT OF GRANULOMA TELANGIECTATICUM WITH 0.2% FLUOCINOLONE ACETONIDE CREAM

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Abstract. Four cases of granuloma telangiectaticum were treated by 0.2% fluocinolone acetonide (FA) cream. Complete cure was achieved within 4–6 weeks. In contrast, another case failed to respond to $2\,^1/_2$% hydrocortisone acetate cream. It is suggested that FA effected cure through its potent vasoconstrictor property.

The rapidly growing vascular tumour of the skin, first described by Poncet & Dor in 1897 as botryomycosis humaine, is better termed granuloma telangiectaticum GT rather than granuloma pyogenicum snice a 'pyogenic' process is not necessarily evident in every case clinically or histologically while an angiomatous process, which could metaphorically be termed telangiectatic, is evident in all cases even in the ulcerated and infected lesions which still retain the characteristics of a capillary haemangioma in their centre (8) and it is from these infected lesions that pyogenic organisms could be isolated though they have no aetiologic significance (7). However, both terms are misnomers, as Montgomery pointed (7), since the basic histologic process is similar to or even identical with that of a capillary haemangioma (3); a granuloma is histologically evident when ulceration and secondary infection supervenes (7). It is interesting to mention that GT has no tendency to spread laterally between the collagen bundles (11).

CASE REPORTS

Four cases of GT were treated with topical fluocinolone acetonide cream and one case as control, was treated with $2\,^1/_2$% hydrocortisone cream.

Case 1. A thirty-year-old female manifested a well defined fiery red tumour of the lower lip of two months' duration (Fig. 1). The lesion bled, at times, profusely but was otherwise symptomless. Previous treatment with topical antibiotic ointment advised by a general practitioner proved unsuccessful.

Case 2. A forty-year-old man manifested a crusted brownish red nodule of the forehead which he attributed to a previous trauma. The patient gave the history that the lesion oozed a serosanguinous discharge.

Case 3. A sixty-year-old man working as a cook manifested a sessile fiery red mass on the right little finger of $1\,^1/_2$ cm in diameter which was raised over the surface of the skin by 7 mm (Fig. 3). The lesion began as a small red papule that enlarged gradually to the present size over a period of four months.

Case 4. A thirty-five-year-old housewife manifested a small nodule of the upper lip of six weeks' duration and, apart from the lesion itself, she had no other complaint.

Case 5. A twenty-five-year-old housewife manifested a sessile brownish red crusted tumour of the left thumb (Fig. 5); the lesion bled frequently on minor trauma.

Histologic confirmation was performed for case 5 after two weeks of fruitless therapy.

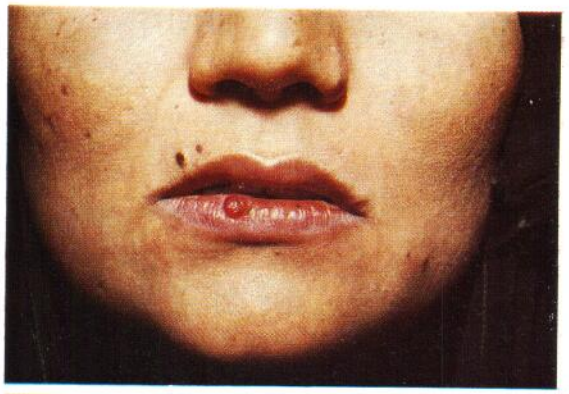
MATERIAL AND METHOD

Fluocinolone acetonide FA (Synalar forte, I.C.I., England) 0.2% in a water-miscible base was applied as thick coating twice daily for a period of 4–6 weeks for all cases except case 5 who was treated with $2\,^1/_2$% hydrocortisone acetate cream[1] HCA for two weeks after which excision biopsy was advised.

RESULTS

Gradual progressive diminution of the size of the lesions of GT was noted in all cases treated with 0.2% FA cream in contrast to the marked increase in size and purulent discharge of the case treated with $2\,^1/_2$% HCA (Fig. 6). Complete cure was achieved in all cases treated with 0.2% FA within 4–6 weeks (Figs. 2 and 4). Up to the time of writing this report, no recurrences were noted and the sites of previous lesions were, cosmetically, quite satisfactory.

[1] Prepared from micronized hydrocortisone acetate powder, Boots Pure Drug Co. Ltd., England.



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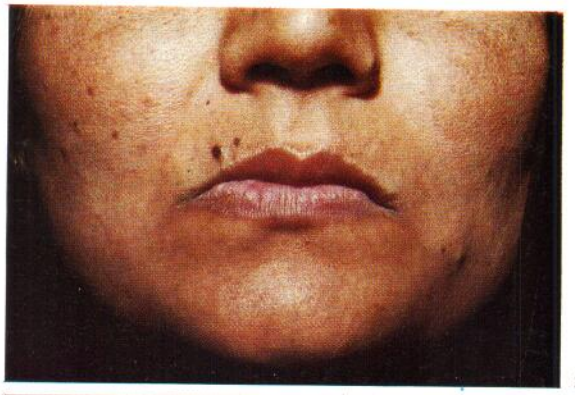

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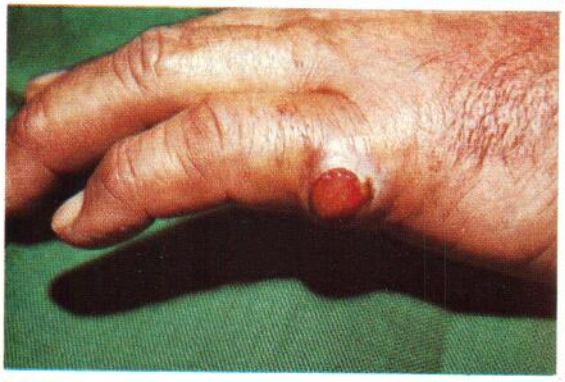

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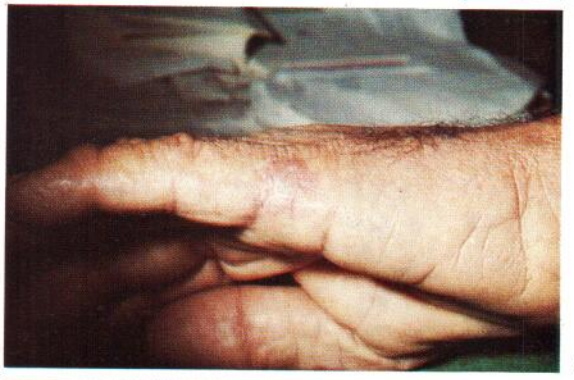

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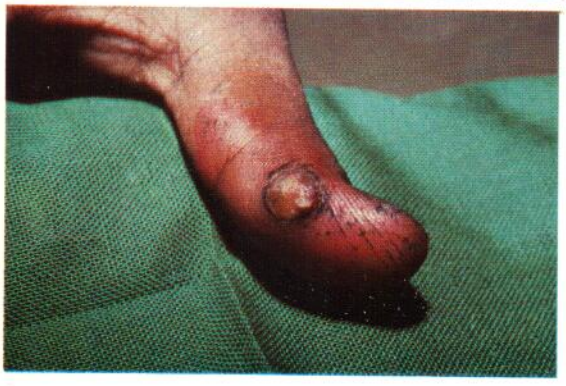

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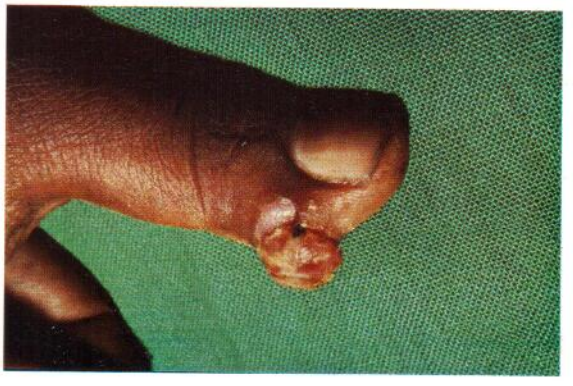

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Figs. 1–6

On account of the unexpected increase in size, case 5 was referred to the surgeon for excision biopsy to avoid the possibility of misdiagnosis but it was reported as a typical case of infected GT.[2] Unfortunately, many skin conditions are frequently erroneously diagnosed as GT, and it is worthwhile mentioning that in one series of 124 clinically diagnosed cases, only 77 were histologically true GT (12) while in a second series, Knoth & Ehlers reviewed 116 cases and found that only 18 were histologically genuine GT (5).

COMMENT

Apart from the rare event of recurrence after surgical excision (1, 2, 10), the treatment of GT presents no therapeutic problem especially with the advent of intralesional corticosteroid therapy (4). Nevertheless, it is always recommended to seek lines of treatment capable of giving the patients the utmost of convenience; topical application of FA cream offers this opportunity. Topical therapy has been advised by some authors viz. daily application of silver nitrate stick as an escharotic agent or application of $2\,^1/_2\%$ hydrocortisone ointment thrice daily (9); it seems that this is the only previous reference for the topical use of corticosteroids for treatment of GT.

The mode of action of FA is obscure, but in view of the histological characteristics of GT, specially early lesions, it seems feasible to attribute cure to the potent vasoconstrictor effect of FA. The unexpected flare of the GT treated with $2\,^1/_2\%$ HCA is, however, noteworthy. Several authors have repeatedly proved that FA possesses a much more potent vasoconstrictor property than HCA; it may be sufficient to point out that Mackenzie (6) demonstrated that the relative vasoconstrictor activity of 0.025% FA compared to 1% HCA is 1 : 100. This marked discrepancy between the vasoconstrictor properties of FA and HCA can explain the superiority of FA over HCA, and subsequently the clinical response obtained in this work, but it does not explain the flare that took place in the case treated with HCA in such concentration as $2\,^1/_2\%$, unless secondary infection is to be blamed. This is quite possible in view of the dense cellular infiltrate that was evident in the histologic examination.

[2] The histology was reported by Dr M. W. Kanaan.

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