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QUIZ SECTION

Confluent Brownish Papules and Plaques on the Neck, Upper Chest and Back: A Quiz

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A 20-year-old woman presented with multiple confluent, brownish lesions, which had developed gradually over the previous year, on the upper trunk and neck. She had been treated for pityriasis versicolor with oral ketokonazole 200 mg daily for one week and topical antifungal (clotrimazole) creams with no improvement, and applied topical 1% hydrocortisone cream for more than one month with no effect.

Dermatological examination revealed brownish, scaling plaques and papules distributed in a confluent and reticulated pattern on the lateral parts of the neck, the nape, upper back, intermammary area and caudal region (Fig. 1). Potassium hydroxide examination was negative for *Malassezia* spp. and examination with a Wood's lamp showed no fluorescence in the lesional areas. Histopathological examination of a punch biopsy obtained from the lesional skin revealed hyperkeratosis, acanthosis and papillomatosis, with scant perivascular lymphocytic infiltration (Fig. 2). Periodic acid-Schiff staining demonstrated no fungal cells. Blood tests excluded diabetes mellitus and thyroid dysfunction. The patient was otherwise healthy.

What is your diagnosis? See next page for answer.

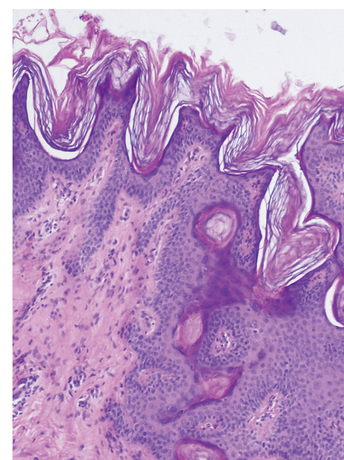

Fig. 2. Hyperkeratosis, acanthosis and papillomatosis with scant perivascular lymphocytic infiltration was observed in the lesional skin (H&E staining, ×100).

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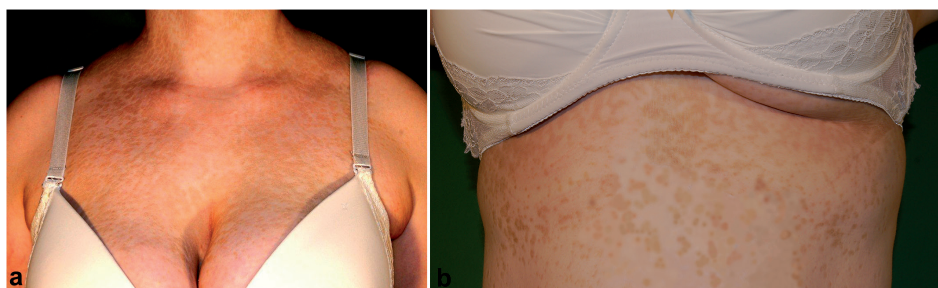

Fig. 1. Brownish, scaling plaques and papules distributed in a confluent and reticulated pattern on: (a) the chest, and (b) the abdomen.

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ANSWERS TO QUIZ

Confluent Brownish Papules and Plaques on the Neck, Upper Chest and Back: Comment

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***Diagnosis*: Confluent and reticulated papillomatosis of Gougerot and Carteaud**

Confluent and reticulated papillomatosis of Gougerot and Carteaud (CRP) is a rare epidermal proliferation, which affects mainly young patients, with female predominance (1). The disease usually occurs sporadically; however, a familial incidence has been noted (2).

The aetiology of the disorder is unknown. The prevalent hypothesis is that confluent and reticulated papillomatosis represents a disorder of keratinization, since histological and immunohistochemical analysis shows altered maturation and differentiation of the keratinocytes, and some cases respond well to treatment with oral and topical retinoids or topical calcipotriol (3–5). On the other hand, infection with *Malassezia* spp. or other microorganisms has been proposed as a trigger of the abnormal immunological host response; however, the yeast or bacterial growth may be secondary to the skin lesions (6).

Initially, skin lesions present as small, brownish, flat-topped papules that tend to coalesce to form confluent central plaques and reticular arrangement peripherally. Eruptions develop mostly on the intermammary, interscapular and epigastric area, but they may spread also to the neck, nape, axillary and caudal region. The lesions are asymptomatic, rarely pruritic, and the patients' major complaint is the cosmetic appearance. Histological examination reveals hyperkeratosis, acanthosis and papillomatosis with scant perivascular lymphocytic infiltration.

Differential diagnosis includes pityriasis versicolor, acanthosis nigricans, Darier's disease, Dowling-Degos syndrome and ichthyosis.

Numerous therapeutic options for CRP are used with variable and often transitory effect, including topical agents (keratinolytics, tretinoin (7), vitamin D analogues (5) or antifungal preparations (8, 9)) and systemic medications (oral minocycline (1), isotretinoin (3), antifungal agents). A good response to 70% alcohol swabbing has been reported (10).

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