Dermatology Practical & Conceptual

Solitary Nodular Lesion on the Face in a 9-year-old Boy

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Case Presentation

A 9-year-old boy presented with a 4-month history of chronic nodular lesion on the cheek resistant to antibiotics. Dermatological examination showed a 15-mm, solitary, firm erythematous nodule on his right cheek (Figure 1a). A punch biopsy specimen revealed a dermal chronic inflammatory, granulomatous perifollicularinfiltrate consisting of histiocytes, neutrophils, and giant cells without necrosis (Figure 1: b, c). *Based on these findings*,we diagnosed the case as idiopathic facial aseptic granuloma (IFAG).

Teaching Point

IFAG is a rare, benignpediatric entity characterized by chronic, painless erythematous-violaceous nodular lesions frequently located on cheeks and eyelids with no predisposing factor [1]. Although pathogenesis remains unclear, the disease is thought to be associated with granulomatous rosacea in childhood [1]. Histologically, IFAG lesion is characterized by a dermal chronic inflammation of histiocytic granuloma with giant cells, and abscesses without necrosis. In general, IFAG tends to resolve spontaneously in less than a year. Antibiotics, such as doxycycline and metronidazole, could be used to accelerate the involution of IFAG [2].

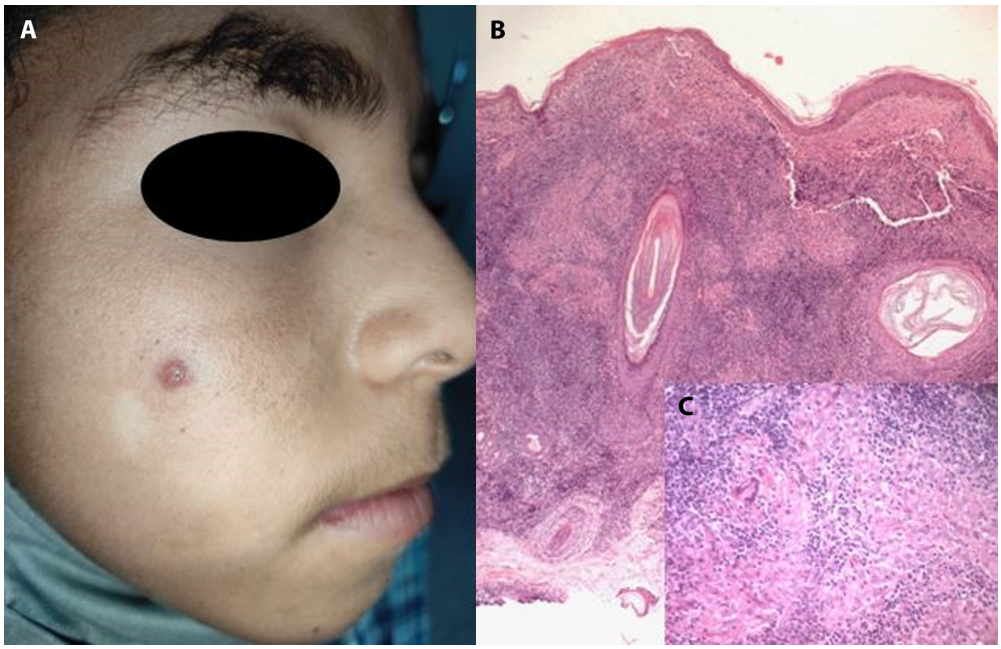

Figure 1. (A): Solitary, Firm, nodular, erythematous lesion on the right cheek, chronic granulomatous inflammatory infiltrate in the dermis (B, HE*40) composed of histiocytes, lymphocytes, neutrophils and giant cells without necrosis (C, HE*200).

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