Traumatic anserine folliculosis

Sir,
Traumatic anserine folliculosis is an under-recognized and under-reported entity and often confused with other follicular dermatoses. It is characterized by multiple closely set grouped follicular papules. The chin, jaws, and neck are the commonly affected sites. It is important to differentiate this entity from keratosis pilaris, lichen spinulosus, and other keratotic folliculocentric disorders.

A 15-year-old female presented with roughness over the chin since one year. The lesions were asymptomatic and gradually progressive. The patient gave a history of resting in a peculiar

position, which led to prolonged friction and pressure to the area while watching television. There was no history of atopy.

Cutaneous examination revealed multiple tiny, skin-colored, discrete but closely set grouped, follicular papules over the chin, which felt like sandpaper when touched [Figures 1 and 2]. The surrounding skin was normal. The oral mucosa, hair, and nails were uninvolved. The general and systemic examination was within normal limits. Differential diagnosis of traumatic anserine folliculosis, keratosis pilaris, and lichen spinulosus were considered. Histopathological examination was suggested but denied by the patient. Considering the characteristic history of the patient and the site of affection a diagnosis of traumatic anserine folliculosis was made. The patient was advised to avoid trauma or friction to the area and was treated with topical tretinoin 0.025% cream.

Traumatic anserine folliculosis is an under-recognized and an infrequently reported entity. The clinical picture of anserine appearance (goose skin-like) with follicular papules and the causative etiologic factor (pressure or friction) has given traumatic anserine folliculosis its name.[1] The condition is most often seen in children and adolescents as their skin is delicate and more likely to be affected by friction and trauma.[1] There is no gender predilection. The affected patients usually give a history of resting in a particular position, which leads to repeated friction and pressure to the area. Many cases of traumatic anserine folliculosis have an atopic background.[1] Histopathologically, there may be hyperkeratosis, hypergranulosis, focal presence or increase of the stratum lucidum, presence of rudimentary follicles, and dilatation of follicular openings with retention of keratotic material. Mild perivascular lymphocytic infiltrate may be seen.

The differential diagnosis of traumatic anserine folliculosis includes keratosis pilaris, lichen spinulosus, trichostasis spinulosa, trichodysplasia spinulosa, and disseminate and recurrent infundibular folliculitis [Table 1]. Keratosis pilaris is characterized by keratinous follicular plugs with or without perifollicular erythema over the extensors of the forearms, thighs, trunk, buttocks, and face. It usually appears in first or second decade of life. The papules may be skin colored or erythematous with evidence of one or more twisted hair on dermoscopy. Uneven affection of follicles in a particular involved area may be seen; certain hair follicles may be spared, whereas others severely involved. Histopathological examination shows follicular dilatation with plugging and distorted hair shafts with mild perivascular and perifollicular infiltrate.

Lichen spinulosus or keratosis spinulosa occurs in second or third decade and has a male preponderance. It is characterized by pruritic, symmetric plaques comprising of tiny, thorny, grouped follicular papules. These lesions predominantly occur on neck, trunk, and buttocks and extremities. Histological examination shows follicular hyperkeratosis, keratotic plugging of the dilated follicular infundibula and mild perivascular and perifollicular inflammatory infiltrate.[2] Trichostasis spinulosa is a condition of the adults characterized by multiple follicular papules resembling comedones on the face especially nose. Other areas such as forehead, cheek, trunk, interscapular areas, and limbs may be occasionally involved. Close inspection may reveal multiple tufts of hair projecting through the follicle. Trichostasis spinulosa is the result of retention of multiple vellus hair in the telogen phase in widely dilated infundibula of sebaceous follicles.[3] Histopathology of trichostasis spinulosa reveals a dilated follicle with keratin plug and numerous nonpigmented vellus hair. Virus-associated trichodysplasia spinulosa is a rare under-recognized entity characterized by multiple small skin-colored or erythematous follicular spiky papules over the face and ears. It is a viral infection of the hair follicle

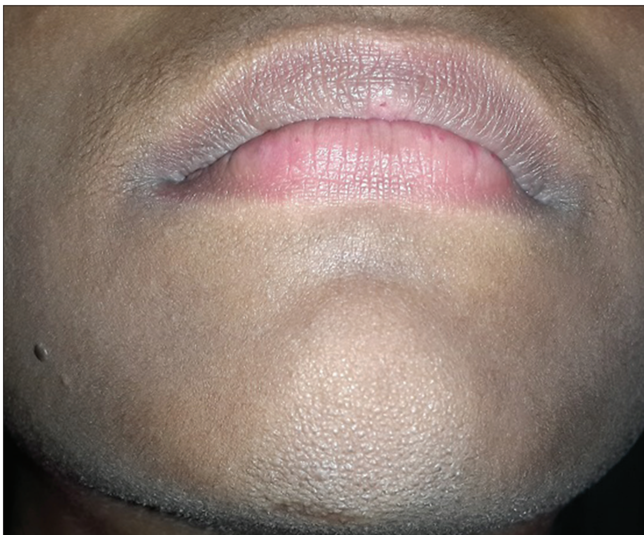

Figure 1: Multiple closely set follicular papules on the chin

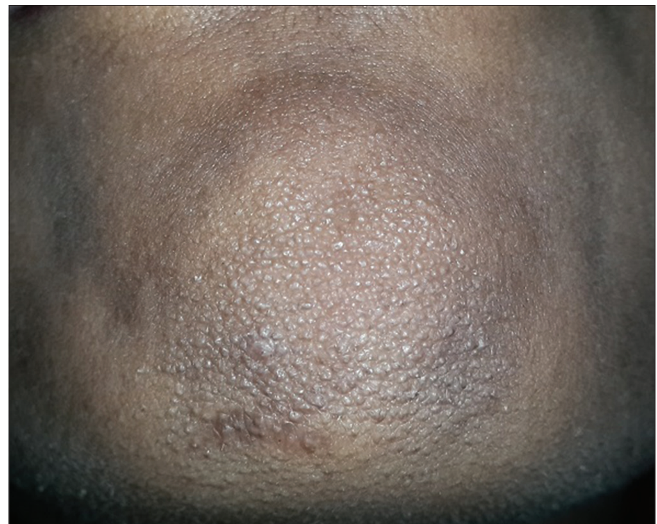

Figure 2: Papules on the chin with goose skin appearance

Table 1: Comparison of various keratotic folliculocentric lesions

	Keratosis pilaris	Lichen spinulosus	Trichostasis spinulosa	Trichodysplasia spinulosa	Disseminate and recurrent infundibulofolliculitis
Age of onset	First or second decade	Second or third decade	All ages, common in elderly	Immunocompromised adults	Adult
Predominant sites of involvement	Extensor of forearm and thighs, occasionally face	Neck, trunk, buttocks, extremities	Nose, forehead, cheek, trunk, interscapular areas	Face, ears	Trunk, back
Morphology	Keratinous follicular plugs with or without erythema, twisted hair on dermoscopy. Follicles in an affected area are differentially involved	Symmetric plaques comprising thorny grouped follicular papules	Multiple follicular papules resembling comedones with tufts of fine vellus hair projecting from it	Small skin-colored or erythematous follicular spiky papules	Multiple numerous monomorphic, tiny, skin-colored follicular papules with variable degree of plugging. Erythema or inflammation is absent
Histopathology	Follicular dilatation with keratin plugs and distorted hair shaft. Mild perivascular and perifollicular infiltrate may be present	Follicular hyperkeratosis, keratotic plugging of the dilated follicular infundibula and mild perivascular and perifollicular inflammatory infiltrate	Dilated follicle with keratin plug and numerous nonpigmented vellus hair	-	Follicular dilatation and infundibular spongiosis

occurring in immunocompromised patients. Disseminate and recurrent infundibulofolliculitis is a benign cutaneous eruption characterized by numerous monomorphic tiny skin colored follicular papules with variable degree of plugging. There is absence of erythema or inflammation. They are frequently seen over the trunk and back of adult males. This condition is considered as a reaction pattern in individuals with atopic eczema. The histology reveals follicular dilatation and infundibular spongiosis. The condition is benign and treatment may not be necessary. It has shown good response to vitamin A and oral isotretinoin.[4]

Traumatic anserine folliculosis has a good prognosis and there may be complete clearance of the lesions after removal of the factors causing friction or pressure. Treatment includes topical keratolytics.[1]

Folliculocentric lesions frequently pose a diagnostic challenge to the dermatologist. Traumatic anserine folliculosis must be differentiated from other follicular lesions such as keratosis pilaris and lichen spinulosus as identifying and avoiding the pressure or friction over the area often leads to complete resolution of the lesions.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Kinjal Deepak Rambhia, Vaishali Wankhade, Jayesh Mukhi, R. P. Singh

Department of Dermatology, Government Medical College, Nagpur, Maharashtra, India

Address for correspondence:
Dr. Kinjal Deepak Rambhia,
House No. 574, Mukundraj Lane, Walker Road, Mahal, Nagpur - 440 032, Maharashtra, India.
E-mail: kinjal_rambhia@hotmail.com

References

1. Padilha-Gonçalves A. Traumatic anserine folliculosis. J Dermatol 1979;6:365-9.
2. Friedman SJ. Lichen spinulosus. Clinicopathologic review of thirty-five cases. J Am Acad Dermatol 1990;22(2 Pt 1):261-4.
3. Goldschmidt H, Hajyo-Tomoka MJ, Kligman AM. Trichostasis spinulosa: A common inapparent follicular disorder of the aged. In: Brown AC, editor. First Human Hair Symposium. New York: Medcom Press; 1974. p. 50-6.
4. Aroni K, Grapsa A, Agapitos E. Disseminate and recurrent infundibulofolliculitis: Response to isotretinoin. J Drugs Dermatol 2004;3:434-5.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code

Website:
www.idoj.in

DOI:
10.4103/2229-5178.198773

How to cite this article: Rambhia KD, Wankhade V, Mukhi J, Singh RP. Traumatic anserine folliculosis. Indian Dermatol Online J 2017;8:59-61.

Received: January, 2016. **Accepted:** March, 2016.

© 2017 Indian Dermatology Online Journal | Published by Wolters Kluwer - Medknow