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CASE IMAGE

Late onset of flesh-colored papules of the neck

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Abstract

Papular elastorrhexis is a rare, acquired disorder of elastic tissue, occurring in adolescent females, characterized by flesh-colored monomorphous papules usually located on the trunk and the proximal portion of the extremities. We report a case in an old woman with atypically isolated localization on the neck.

KEYWORDS

elastic tissue, papular elastorrhexis

A 59-year-old woman presented with a one-year history of asymptomatic small papules on the neck. She had no inflammatory dermatosis or trauma on the involved area. There were no similar lesions in her family members. Dermatologic examination showed multiple, 1–4 mm in diameter, flesh-colored, non-follicular, non-confluent and firm papules distributed over the posterolateral sides of the neck (Figure 1). Ophthalmologic examination was normal. Histopathologic analysis showed a normal epidermis and mild thickened collagen bundles in the dermis (Figure 2A). Orcein stains showed a significant loss and fragmentation of elastic fibers in the reticular dermis (Figure 2B). Von Kossa staining was negative.

1 | WHAT IS YOUR DIAGNOSIS?

The diagnosis of papular elastorrhexis was made.

Papular elastorrhexis (PE) is a rare acquired elastic tissue disorder characterized by multiple asymptomatic monomorphous papules in female.[1,2] The onset is usually within the first or second decade of life with female predominance (75%).[3] The lesions were described as hypopigmented or skin-colored, non-follicular oval to round papules with no tendency to group, symmetrically distributed throughout the chest, abdomen, back and shoulders, upper extremities, and rarely thighs.[4] The nosologic position of PE is controversial. Clinical and histological characteristics classify PE as a distinctive entity different from nevus anelasticus and Buschke–Ollendorff syndrome.[2,3] Uncommon locations such as involvement of the mandibular, retro-auricular, occipito-cervical regions, and face have been reported.[5,6] Neck involvement is described in two cases, and it was associated with other locations.[6,7] The prominent histopathological feature is reduction,

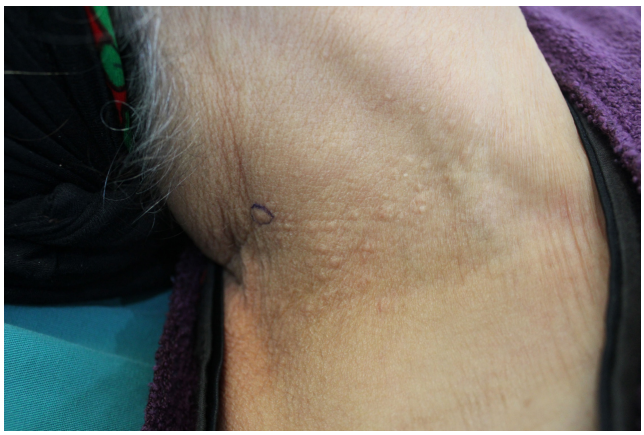

FIGURE 1 Multiple flesh-colored non-follicular, 1–4 mm in diameter papules on the posterolateral side of the neck.

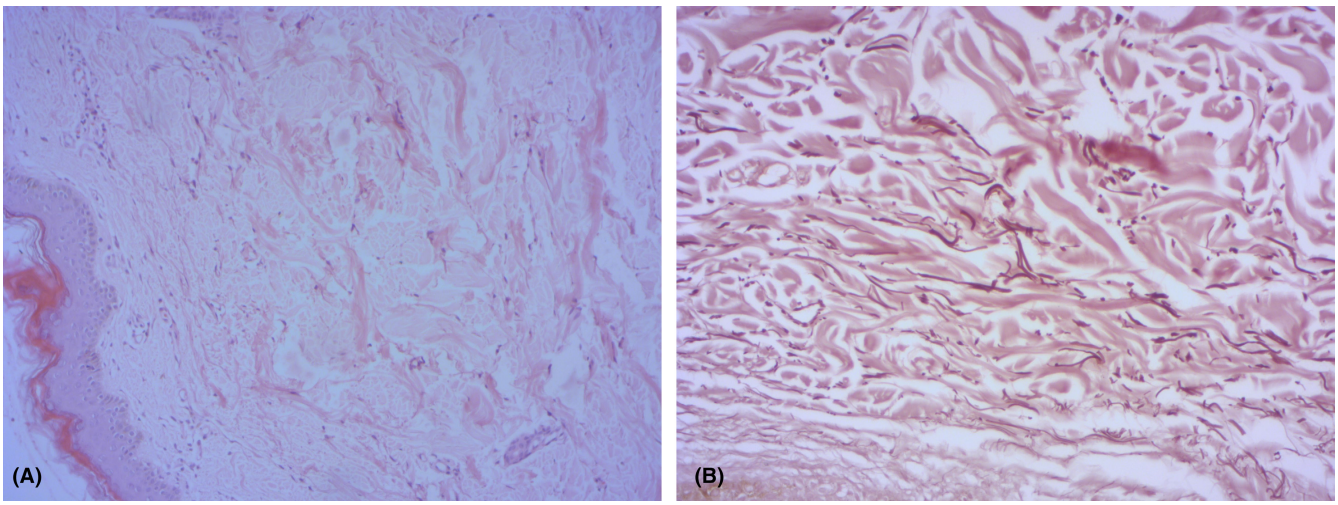

FIGURE 2 (A) Histopathologic examination showed hyperplasia of collagen fiber in the dermis (HEX 100). (B) Orcein staining showed a significant reduction and fragmentation of elastic tissue in the reticular dermis (HEX 200).

fragmentation, or complete loss of elastic bundles in the reticular dermis. A perivascular infiltrate composed of lymphocytes and macrophages in the superficial and deep dermis is present in some cases. Thickened collagen could be seen.[8] The pathogenic mechanism of this elastic tissue alteration is unknown, and no local inflammation, trauma, or systemic associations have been described. A recent study suggests that abnormal fibroblasts might be involved.[9]

Differential diagnosis of PE includes perifollicular elastolysis, mid-dermal elastolysis, pseudoxanthoma elasticum, pseudoxanthoma elasticum-like papillary dermal elastolysis, and white fibrous papulosis of the neck.

The diagnosis of PE can be challenging because of the heterogeneous group of elastic tissue disorders. Histology remains the main key for diagnosis. Our patient's location is quite unusual.

AUTHOR CONTRIBUTIONS

Massara Baklouti: Conceptualization; data curation; formal analysis; funding acquisition; methodology; writing – original draft; writing – review and editing. **Khadija Sellami:** Conceptualization; formal analysis; methodology; project administration; supervision; validation; visualization. **Chiraz Chaari:** Conceptualization; data curation; writing – original draft. **Boudaouara Tahia:** Project administration; supervision; validation. **Hamida Turki:** Project administration; supervision; validation; visualization.

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None.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

DATA AVAILABILITY STATEMENT

Data available on request from the authors

CONSENT

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

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