GRANULOMA MULTIFORME, A NEW SKIN DISEASE?

To the Editor:

Leiker *et al.* recently published [The Journal, **32** (1964) 368-376] on a "new skin disease," granuloma multiforme, seen in adults and in old people in the Benue Province, Northern Nigeria. From the objective standpoint this disease closely resembles tuberculoid leprosy,

but it differs from the latter by the itching sensations and the absence of anesthesia, thickening of nerves, and loss of perspiration. The eruption, which is chronic, is distributed mainly on the upper parts of the body, and it does not respond to sulfone treatment. Histopathologically, it is said that there is an infiltrate of histiocytes, lymphocytes, and epithelioid cells, and that foreign body giant cells and small numbers of Langhans' cells are found, with *common central collagenous degeneration*. In differential diagnosis, granuloma annulare is ruled out because it is said that *this disease is common in children, frequently on the hands*, and because histopathologically a *radial arrangement of fibroblasts is seen around centers of necrosis*. Unfortunately, photomicrographs of the cases were not included.

I think it must be remembered that cases of granuloma annulare disseminatum in adults of both sexes, with the same location as described in the work of Leiker, have been published many times. With reference to the histopathologic picture, Lever says that for granuloma annulare the foci of complete degeneration of collagen are seen as "sharply demarcated areas of coagulation necrosis surrounded by infiltrates of histiocytes, fibroblasts and lymphocytes in a radial arrangement." The presence of foreign-body giant cells is referred to a closely connected state, i.e., necrobiosis lipoidica diabeticorum. Nevertheless, Pautrier, in La Nouvelle Practique Dermatòlogique, says that in granuloma annulare giant cells are lacking in the majority of the cases, but that they can be found. Tuberculoid follicles may be seen in some cases.

In our experience, granuloma annulare with giant cells of both types is not uncommon. We have observed two cases that *clinically* seem identical to those referred to by Leiker *et al.* Both of them were brought to our attention in connection with the differential diagnosis from tuberculoid leprosy. One of them, a Caucasian male of 45 years, had received sulfone treatment for more than a year without improvement. In this case the histopathologic diagnosis was of indeterminate nature, but examination of the preparation leads to the correct diagnosis of granuloma annulare. The other one, a Caucasian woman 61 years old, was from the beginning correctly diagnosed as having granuloma annulare disseminatum. It is to be noted that none had giant cells in the infiltrates.

Although it is always risky to discuss by correspondence cases that one has not seen personally, it is our opinion that before speaking of a "new skin disease," an exhaustive dermatologic and histopathologic appraisal should be made, and that granuloma annulare disseminatum must be taken into account for these surprising cases. The high prevalence of this picture, close to that of leprosy in that area, is somewhat astonishing.

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