Granuloma Multiforme

TO THE EDITOR:

We greatly appreciate the soundly critical remarks of Dr. Jonquières. Some cases of granuloma multiforme indeed do resemble – clinically and histologically – so closely granuloma annulare that we too have considered presenting the condition as atypical granuloma annulare. If we had studied only a dozen cases, undoubtedly

we would have done so. Our study, however, was based on hundreds of cases and the total picture differed from granuloma annulare so much that we had to choose between a major revision of the well-established concept of a long and well-known disease or calling the condition a new disease. We preferred the latter. The fact that many cases seen in the past decades by many competent doctors, were not diagnosed as granuloma annulare at least shows that the condition does not correspond with the textbook descriptions of this disease.

We fully agree with Dr. Jonquières' remark that cases of granuloma annulare in adults with the same location as our cases have been frequently published, but that is not the point. The peculiarity of granuloma multiforma is that all patients are adults, mostly older adults and particularly old people. Not a single case was seen in children.

Also, it is not significant that in most patients the lesions are at the upper parts of the body; it is peculiar that no lesions were found on hands.

As a rule itching is absent or slight in granuloma annulare. In our patients it was always present and, as our patients normally are not much worried about a slight itch, it must have been rather marked, because most patients complained about the itching.

Granuloma annulare usually disappears after some weeks or some months, occasionally after more than a year. Granuloma multiforme is on the average much more chronic and histories of many years' duration are common.

Granuloma annulare, as the name indicates, usually presents annular lesions. Admittedly, other types of lesions do occur more often than most textbooks suggest, but they are, nevertheless, not as frequent as in granuloma multiforme.

As we intended to describe the histology in greater detail in a nonleprosy periodical, the present description is not comprehensive. Unfortunately the micrographs were not printed. Here again, we have seen sections that were very difficult or even impossible to differentiate from granuloma annulare, but the overall picture of hundreds of sections differs substantially. The collagenous degeneration in granuloma multiforme is predominantly found in the center of intense granulomatous infiltration, whereas in granuloma annulare the extension and intensity of the degeneration are on the average much greater and the granulomatous infiltration is less. In granuloma multiforme particularly the upper part of the dermis is affected, whereas in most cases of granuloma annulare the affected parts are found deeper in the dermis.

With regard to the radial arrangement of fibroblasts and histiocytes, we ourselves have failed to find this in a large proportion of sections of granuloma annulare, but this sign was virtually absent in sections of granuloma multiforme. Giant cells may be found in granuloma annulare; they are usually scanty and seldom abundant. In granuloma multiforme usually large numbers are seen.

In our opinion the differences are sufficiently great to speak of a new disease, at least until more similarities between the two diseases are established and the etiology is known. We think that it is quite possible that the two conditions are closely related and that even if the causative agent is different, the pathologic mechanism may be basically the same. We do not entirely exclude the possibility that the two conditions have the same etiology. If that is true granuloma multiforme would become a more appropriate name for granuloma annulare.

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